(21000000000005)

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2021 OCT 25 PH 6: 22

S. FRANKLIN OCT 2 7 2021

COVER LETTER

TOf	Registration Section Division of Corporatio	ns					
SUBJ	ECT:	TIER ZERO	ENERGY I	INC.			
		Name of corpora	tion - must	include suffix		_	
Dear S	ir or Madam:						
"Certif	closed "Application by Ficate of Existence," or "Creferenced foreign corpo	Certificate of Good S	Standing" a	nd check are su	act Business in bmitted to regis	Florida,' ter the	15
Please	return all correspondenc	e concerning this ma	itter to the f	following:			
	TTE DOBSON						
-		Name	of Person				—
		Firm/C	Сотралу			<u>_</u>	
17350 STATE HWY 249 #220					2821		
		A	ddress			00.7	
HOUST	ON, TX 77064					7 25	
		City/Star	te and Zip c	ode	<u> </u>		—
EFILE	234@INCFILE.COM				•	PH 6	اوبي
	E-ma	il address: (to be use	ed for future	e annual report	notification)	6: 21	
For furt	her information concern	ing this matter, pleas	se call:			٠, ٢	
LOVET	TE DOBSON	at (¹	888-4	162-3453 Daytime Telep			
	Name of Person	Area C	Code	Daytime Telep	hone Number	_	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please m		wing amount: PRIDA DEPARTME 3.75 Filing Fee & rtificate of Status	□ \$78.75	TE Filing Fee & ed Copy	□ \$87.50 Fi Certificat Certified	e of Sta	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

TIER ZERO EN	NERGY INC.				
(Enter name of	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"		-	
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting b	usiness in Florida)	_	
2. DELAWARE		87-2323190			
	ry under the law of which it is incorporated)	(FEI number, if applie	(FEI number, if applicable)		
4. 0	8/23/2021	DEDDETIIAI			
(Date	of incorporation)	(Date of duration, if other than	ı perpetual)	-	
6					
	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		_	
, 7410 S Federal H	wy, Ste 401, Port St Lucie, FL 34952	1502, 1.5., to determine penanty hability)			
1		fice street address)		-	
	χ	<u></u>			
	(Current mail	ing address, if different)			
			2821 OCT		
3. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	00.7	6	
Name:	LEGALINC CORPORATE SERVICES II	NC.	25	****	
Office Address:	5237 SUMMERLIN COMMONS, SUITE	400	B	٠ ; -	
office Address.	EODT MYEDO		<u>ئ</u> م		
	FORT MYERS	, Florida 33907	. 26		
	(City)	(Zip code)			
Having been nam lesignated in this further agree to co	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes with and accept the obligations of my pe	ment as registered agent and agree to relative to the proper and complete ne	act in this capac	city I	
_	Wesley (Registered agost's s	Dolan			
	(Registered agent's s	signature)	_		
0. Attached is a c	certificate of existence duly authenticated	, not more than 90 days prior to delive	ery of this applica	ition to	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
□Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	651 N BROAD ST, STE 205 #6427	□Director					
■ President	MIDDLETOWN, DELAWARE 19709	□President					
□Vice President		□Vice President					
■ Secretary	■ Treasurer	☐ Secretary		□Treasurer			
□Other	Other	□Other	<u></u>	□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		Other			
□ Chairman	Name:	□Chairman	Name:	202			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director		- 0CT 2			
□President		□President		. <u>o</u>			
□Vice President		□Vice President		<u> </u>			
□Secretary	□Treasurer	□Secretary		r∾ □Treasu re r			
Other	Other	□Other		Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TIER ZERO ENERGY INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

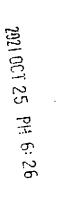
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF OCTOBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIER ZERO ENERGY INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 204470019

Date: 10-21-21

6184492 8300 SR# 20213573012