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S. ROBERTS NOV 1 8 2021

### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Unity Energy	Solution	nc Group.	Tnc.
0020	ECT: Unity Energy Name of corpo	ration - mu	st include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporatio ficate of Existence," or "Certificate of Good referenced foreign corporation to transact b	d Standing"	and check are sub	
Please	return all correspondence concerning this r	matter to the	e following:	
	Elizabeth Nan	Libby S	Swann	
	Unity Energy	_		<u> </u>
	290 Ma	ÀSON À Address	nve N, Se	210
	Bainbridge City/s	Tsland state and Zi	WA 98110	
	ACC OUNTING E-mail address: (to be	G@UN	LTYESG. CON ure annual report i	notification)
For fu	ther information concerning this matter, plo	ease call:		
Libh	Name of Person Area	<u>(</u> ) a Code	339 - 9 <u>1022-</u> 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	ed is a check for the following amount: make check payable to: FLORIDA DEPARTM 0.00 Filing Fee	□ \$78	TATE 75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

### : 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.

1. (Enter name of co	ty Energy Solutions Group orporation; must include "INCORPORATED," "Corp." Inc." "Co," or "Corp.")	Tnc.		
(If name unavail	Controls able in Florida, enter alternate corporate name adop			
	y under the law of which it is incorporated)			
4. <u>03</u>	$\frac{3 07 2016}{\text{of incorporation}}$	(Date of duration, if other tha	an perpetual)	
6	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability		, ,,
7	290 Madisin Av (Principal office <u>s</u> i	e N Sk 210 <u>Bar</u> treet address)	inbridge Ish.	nd, WA, 981.
	(Current mailing ad	Idress, if different)		
8. Name and stree Name: Office Address:	et address of Florida registered agent: (P.O. Bo William Hickner 3260 Southshove Dr 66A Punta Gorda (City)	_	HASSE	
designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relate with and accept the obligations of my position.	t as registered agent and agree ive to the proper and complete	to act in this capac	eity. I
	(Registered agent's signal		—  ivery of this applicat	tion to

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS			. 1	
□Chairman	Name: DatenElawrence	□Chairman	Name: William Hokner	
□Vice Chairman	Address: 851 Domingo Dr \$3	□Vice Chairman	Address: 3240 South Shove Drlobt	
□Director	Newport Beach, CA 92660	□Director	Punta Gorda, FL 33955	
□President	<del></del>	□President		
□ Vice President		☐ Vice President		
☐ Secretary	□Treasurer	□Secretary	□Treasurer	
MOther CEO	Other	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:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President	<del> </del>	□Vice President		
Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other	Other	
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme			
12	(1) 151			
The officer or direction is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in number	r 11 above) affirms th ment of State constitu	nat the facts stated herein are true and that he or stees a third degree felony as provided for in	
(Typed or printed name and capacity of person signing application)				

## UNITED STATES OF AMERICA The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

### UNITY ENERGY SOLUTIONS GROUP, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/07/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/15/2021

UBI Number: 603 593 876

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Ken Ulyna

Date Issued: 11/15/2021