F2200000 742

| (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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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|---|---|--|---------------------|--|---------------------------------------|--|--|
| SUBJ | ECT: | PowerCon USA Inc. | | | | | |
| ., ., ., ., ., | | Na | me of corporation | ı - mus | st include suffix | | |
| Dear S | Sir or M | ladam: | | | | | |
| "Certif | ficate o | "Application by Foreign f Existence," or "Certific ced foreign corporation | rate of Good Star | iding" | and check are sub | et Business in Florida," omitted to register the | |
| Please | return | all correspondence conc | erning this matte | r to the | following: | | |
| Josh C | unningh | am | | | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Name of | Persor | 1 | | |
| Andrev | ws Myei | rs, P.C. | | | | | |
| | | | Firm/Con | ıpany | | | |
| 1885 S | aint Jan | nes Place, 15th Floor | | | | | |
| | | | Addr | ess | _ | · | |
| Housto | n, Texa | s 77056 | | | | | |
| | | | City/State a | nd Zip | code | | |
| jcuning | gham@a | andrewsmyers.com | | | | | |
| | | E-mail add | ress: (to be used t | for futi | ire annual report r | notification) | |
| For fur | ther int | formation concerning thi | s matter, please o | all: | | | |
| Josh Ct | sh Cunningham 713 554-8247 | | | | | | |
| | Name | e of Person | Area Cod | / e | Daytime Telepl | hone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahussee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 | | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | |
| Please r | | • | DEPARTMENT | \$78.7 | FATE 75 Filing Fee & ified 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.

| PowerCon USA Inc. | | | | | | | | | |
|--------------------|---|--------------------------------------|--|--|--|--|--|--|--|
| | orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.") | "COMPANY," "CORPORATIO | ON," | | | | | | |
| (If name unavaila | ble in Florida, enter alternate corporate name a | dopted for the purpose of transact | ing business in Florida) | | | | | | |
| Delaware 2. | 3. | | | | | | | | |
| (State or country | 3r under the law of which it is incorporated) | (FEI number, if a | (FEI number, if applicable) | | | | | | |
| 12/13/2021 | 5 | | | | | | | | |
| (Date o | of incorporation) | (Date of duration, if other | (Date of duration, if other than perpetual) | | | | | | |
| 5. | (Date first transacted business in | | | | | | | | |
| | Place, 15th Floor, Houston, Texas 77056 | 02. F.S., to determine penalty liabi | llity) | | | | | | |
| | (Current mailing | address, if different) | | | | | | | |
| B. Name and street | address of Florida registered agent: (P.O. | Box NOT acceptable) | 7A S | | | | | | |
| Name: | C T Corporation System | | 22 J ECR LLA | | | | | | |
| Office Address: | 1200 South Pine Island Road | | ZUZZ JAN 14 AM SECRETARY OF TALLAHASSEE, F | | | | | | |
| | Plantation | , Florida33324 | | | | | | | |
| | (City) | (Zip code) | M 9: FSTAI | | | | | | |
|). Registered age | nt's acceptance: | | AM 9: 53 OF STATE E. FLORIDA | | | | | | |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nichol McCroy, Asst. Secretary

(Registered agent's signature)

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 | | | | • |
|--|---|---------------------------|-----------|----------------------------|
| □Chairman | Peter Castberg Knudsen Name: | □ Chairman | Name: | |
| □Vice Chairman | Address: Houston, TX 77056 | □Vice Chairman | Address: | |
| □Director | | □Director | | |
| President | | □President | | |
| □Vice President | | □Vice President | | |
| - Secretary | □Treasurer | Secretary | | ☐ Treasurer |
| □Other | Other | Other | | Other |
| □Chairman | Name: | □Chai rm an | Name: | |
| □ Vice Chairman | Address: | ☐ Vice Chairman | Address: | |
| □Director | | □Director | | |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| Secretary | □Treasurer | ☐ Secretary | | □Treasurer |
| Other | □Other | □Other | | Other |
| □Chainnan | Name: | □Chairman | Name: | |
| □ Vice Chairman | Address: | □ Vice Chainnan | Address: | |
| □Director _ | | Director | | |
| □President _ | | □President | | |
| □ Vice President _ | | □Vice President | | |
| ☐ Secretary | Treasurer | Secretary | | ☐Treasurer |
| Other | Other | □ Other | | □Other |
| Important Notice: Usindividuals may be a | se an attachment to report more than six (6). The dded to the index when filing your Florida Department of Direct | tment of State Annual Rep | ort form. | ourposes only. Non-indexed |

cer or director signing this document and who is listed in number 11 above

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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "POWERCON USA 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 ELEVENTH DAY OF JANUARY, A.D. 2022.



Authentication: 202366854

Date: 01-11-22

6469852 8300 SR# 20220087306