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S. FRANKLIN APR 2 0 2022

We the the

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Keshik Mobile Power Systems, Inc					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Standing" a	and check are submitted to register the			
Please return all correspondence concerni	ng this matter to the	following:			
Dustin Daehn					
	Name of Person				
Keshik Mobile Power Systems, Inc					
Firm/Company					
5 Wescott Hill Way		1011			
	Address				
Gurley, AL 35748		2			
	City/State and Zip	code Pi 7 re annual report notification) 5			
ddachn@keshik-mps.com					
E-mail address	: (to be used for futu	re annual report notification)			
For further information concerning this m	atter, please call:	<b>.</b>			
Dustin Daehn	at (334 ) 868-3286  Area Code Davime Telephone Number				
Name of Person	Area Code	Daytime Telephone 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			
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$70.00 Filing Fee \$ \$78.75 Filing Fee & \$875.50 Filing Fee, Certificate of Status Certified Copy  Certificate Of Status & Certified Copy					

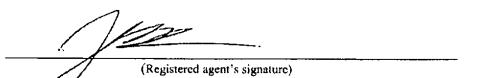
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Keshik Mobile	Power Systems, Inc		
(Enter name of c	corporation; must include "INCORPORATED." Corp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION,"	
Keshik-MPS, lr	ас		
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting busin	ness in Florida)
Deleware	3	84-4897821	
(State or count)	ry under the law of which it is incorporated)	(FEI number, if applicable)	
. (Date	of incorporation) 5.	(Date of duration, if other than pe	
08-09-2021			rpetual)
104 Otis Street N	(SEE SECTIONS 607.1501 & 607.150 orthborough, MA 01532 (Principal office	e <u>street</u> address)	
	(Current mailing	address, if different)	7877 #
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2822 AFR 18
Name:	James Blackburn		
Office Address:	96090 Marsh Luke Dr		PH HA
	Fernandina Beach	, Florida	+ O
	(City)	(Zip code)	

## 9. Registered agent's acceptance:

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.





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	Name: Franklin B Jones	□Chairman	Name: James Blackburn			
□Vice Chairman	Address:	□Vice Chairman	Address: 104 Otis Street Northborough MA 01532			
Director	Northborough, MA 01532	Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	☐ Secretary	☐Treasurer			
Other	Other	Other	Other			
□Chairman □Vice Chairman	Name: Patrick Maloney  Name: 104 Otis Street  Address:	□Chairman	Name: Stephen Tegge Name: 104 Otis Street Address: Northborough, MA 01532			
Director	Northborough, MA 01532	Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer			
Other	Other	□Other				
□Chairman	Name: Andrew I Nehring	□ Chaimnan				
□Vice Chairman	Address: 104 Otis Street	□Vice Chairman	Address:			
Director	Northborough, MA 01532	Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary	☐ Treasurer			
□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.

13. FRANKLIN B. James, PRESIDENT





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

DELAWARE, DO HEREBY CERTIFY "KESHIK MOBILE POWER SYSTEMS. INC." IS

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

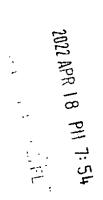
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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





Authentication: 202594901

Date: 02-07-22