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S. ROBERTS

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COVER LETTER

	stration Section sion of Corpora				
SUBJECT	Optimizet End	rgy Solutions, Inc.			
JOBOLET.		Name of corporati	on - mus	include suffix	
Dear Sir or M	ladam:				
"Certificate of	of Existence," (by Foreign Corporation for "Certificate of Good Strporation to transact busing	anding"	and check are sub	et Business in Florida." mitted to register the
Please return	all correspond	ence concerning this mat	ter to the	following:	
Jason Bonhan	1				
 .	···	Name (of Person		
Optimizet End	ergy Solutions, I	nc.			
-		Firm/Co	ompany	•••	
2922 Legistla	tive Lane				
		Ad	dress		
Buford, GA 3	0519				
		City/State	and Zip	code	
info@optimiz					
		-mail address: (to be use	d for futi	ire annual report n	otification)
For further in	nformation con	cerning this matter, pleas	e call:		
Jason Bonhan	n	at (<u>678</u>	951-3406		
Nan	ne of Person	Area C	ode	Daytime Telepl	hone Number
Regi. Divis The (2415	EET/COURI stration Section sion of Corpora Centre of Talla N. Monroe St thassee, FL 32	ations hassee reet, Suite 810		MAILING A Registration S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations 7
	heck payable to:	following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.°	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.

(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting	ng business in Florida)
Georgia	3	85-4022251	
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)
11/18/2020	5		
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
5			
••	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration)	ity)
2922 Legislative	Lane, Buford, GA 30519	oz. 1, to determine penalty mac	• • • • • • • • • • • • • • • • • • • •
7		ce street address)	
	•		1022 STO
	(Current mailin	g address, if different)	APR.
			2022 APR 22 STALLAHA
3. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	P)
Name:	Josh Smith		<u>ာ</u> ကြ . ယှ
0.07 A d.d	564 Bent Creek Dr.		2 APR 22 PH 3: 00
Office Address:	St. Johns	32250	.
		, Florida (Zip code)	
	(City)	(Zip code)	
	ent's acceptance:		
Taving heen nan	ned as registered agent and to accept service application, I hereby accept the appointm	ce of process for the above stated	d corporation at the pl
iesignaiea in inis Turthar aaraa to (application, I nerely accept the appoint omply with the provisions of all statutes re	iem as registered agent and ugro elative to the proper and comple.	te performance of my
	with and accept the obligations of my pos	sition as registered agent.	
urmer agree to c ind I am familiai			
and I am familia	(Registered agent's si	,	

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: 2922 Legislative Lane	□Vice Chairman	Address:			
□Director	Buford, GA 30519	□Director				
President		□President				
□Vice President		□Vice President				
Secretary	Treasurer	□Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
□Chairman	Nume:	□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		□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.

Jacon Ropham

Control Number: 20229449

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Optimizet Energy Solutions, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22696679
Date Inc/Auth/Filed: 11/18/2020
Jurisdiction : Georgia
Print Date : 03/07/2022

Form Number : 211



Bred Raffensperger