F22000003248

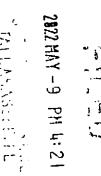
(Requestor's Name)			
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S. ROBERTS
MAY 0 9 2022

COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJ	ECT: Atkins Elect	ric Co., Inc.		
30130		Name of corporation	n - must include suffix	
Dear S	Sir or Madam:			
"Certif	ficate of Existence,	n by Foreign Corporation fo or "Certificate of Good Sta corporation to transact busin	inding" and check are subm	
Please	return all correspor	dence concerning this matte	er to the following:	
Proces	sing Department			
		Name o	f Person	
MyCo	rporation Business Se	rvices, Inc.		
		Firm/Co	mpany	
26025	Mureau Road Suite 1	20		
		Add	ress	
Calaba	sas, CA 91302			
	-	City/State	and Zip code	
		E-mail address: (to be used	for future annual report no	otification)
For fu	rther information co	ncerning this matter. please	call:	
Proces	sing Department	at (de Daytime Telephone Number	
	Name of Person	Area Co	de Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	make check payable t	e following amount: b: FLORIDA DEPARTMEN 378.75 Filing Fee & Certificate of Status	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 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 o	Atkins Electric (corporation; must include "INCORPORATED,"	<u></u>	,,	
	orp." "Inc." "Co." or "Corp.")	COMPANY, COMPONYTION		
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	business in Florida)	
2. Arkansas	3.			
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)	
4. 09/11/2007	5.			
(Date	of incorporation) 5.	(Date of duration, if other th	an perpetual)	
6.	N/A			
-	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		·)	
12 Penns Trail, S	uite 487, Newtown, PA 18940			
1		street address)		
			. ~2	
	(Current mailing	address, if different)	72	
			22 HAY -	11
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	-9	gy graphics 1
Name:	Legaline Corporate Services Inc.) ₽ }	. 17
Office Address:	5237 Summerlin Commons, Suite 400		Y-9 PH 4:2	
	Fort Myers	. Florida <u>33907</u>	21	
	(City)	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rela- with and accept the obligations of my posic	nt as registered agent and agree ative to the proper and complete	to act in this capac	ity. I
ana i am jamaiai	with and accept the obligations of my posi-	non us regisiereu ugem.		
	+ 1			
_	Danfase			
_	(Registered agent's sign	nature)		
10. Attached is a	certificate of existence duly authenticated, no	ot more than 90 days prior to del	ivery of this applica	tion 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: Matthew Fanelli	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: 12 Penns Trail, Suite 487		
Director	Newtown, PA 18940	■Dirctor	Newtown, PA 18940		
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	☐ Treasur er	☐ Secretary	Treasurer		
□Other	Other	□Other	Other		
□Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Diræter		□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.					
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. Matthew Fanetti, President					



Arkansas Secretary of State John Thurston

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

ATKINS ELECTRIC CO., INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 11, 2007.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 4th day of May 2022.

John Thurston
Online Certificate Authorization Code: 754d823b4c56347
Secretary of State
To verify the Authorization Code, visit sos.arkansas.gov

hm Thursto