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S. FRANKLIN DEC 15 2022

COVER LETTER

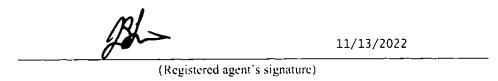
TO: Registration Section Division of Corporatio	ns			
SUBJECT: JANSEN'S ELEC	TRICAL SERVICE, INC			
SOBJECT:	Name of corporatio	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by l "Certificate of Existence," or " above referenced foreign corpo	Certificate of Good Sta	nding" and check are so	sact Business in Florida," abmitted to register the	
Please return all correspondenc	e concerning this matte	er to the following:		
Jason Lambert			_	
	Name of Person		em 1 1 	
Dinsmore & Shohl, LLP			• • • • • • • • • • • • • • • • • • • •	
	Firm/Co	mpany	ÇU 1	
201 N. Franklin St. Stc. 3050			-Tj	
	Add	ress	ú	
Tampa, FL 33602) N	
	City/State	and Zip code		
jason,lambert@dinsmore.com				
la-m	ail address: (to be used	for future annual repor	t notification)	
For further information concer	ning this matter, please	call:		
Jason Lambert	at (813) 543-9823			
Name of Person	Area Co	de Daytime Tel	ephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registratior Division of P.O. Box 63	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Č	ORIDA DEPARTMEN	T OF STATE \$78.75 Filing Fee & Certified 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.

(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting bi	usiness in Florida)	
2. NC	3.	26-2086008		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4. 02/28/2008	5.	Perpetual		
	of incorporation)	(Date of duration, if other than	perpetual)	
6. None				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7		ice street address)		
2550 HS Have 15	Creedmoor, NC 27522	ice <u>sirect</u> address)	~~?	
2337 03 Hwy 13		ng address, if different)	<u> </u>	
	(Current mater	ig address, it differently		
8 Name and stree	t address of Florida registered agent: (P.0	D. Box NOT acceptable)	ا ن ،	
a. Name and stree	Jason Lambert	<u></u>	<u></u>	
Name:	Jason Lambert		· ??	
Office Address:	201 N. Franklin St. Stc. 3050		.)	
	Tampa	, Florida 33602	·	
	(City)	Zip code)		
9. Registered age	antin nagantanaat			

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.

DocuSign Envelope ID: EAF90E14-6497-46EF-919D-C1A7B573D84C

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name: Evonne Jansen	
□Vice Chairman	Address: 2559 US Hwy 15	□Vice Chairman	Address: 2559 US Hwy 15	
□Director	Creedmoor, NC 27522	□Director	Creedmoor, NC 27522	
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary	□Treasurer	
Other	□Other	■Other CAO	□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	
			(ा	
□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	
individuals may b	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	nt of State Annual Re	port form	
12.	J. Scott Jansen Princetor of	Officer		
The officer or dire she is aware that f	ector signing this document (and who is listed in number also information submitted in a document to the Departr	11 above) affirms th	nat the facts stated herein are true and that he or	



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

JANSEN'S ELECTRICAL SERVICE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of February, 2008, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of November, 2022.

Elaine I Marshall

Secretary of State