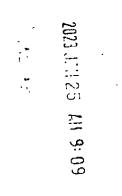
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
I	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer
Special instructions	s to Filing Officer:

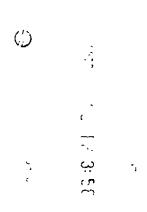




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01/26/23--01002--008 **70.00



S. ROBERTS

JAN 2 6 2023

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

1		WALK IN	
	PICK U	P: <u>MISTY 1/25</u>	
X	CERTIFIED COPY Z PHOTOCOPY CUS FILING	FOREIGN INC	
1.	SMART ENERGY USA IN (CORPORATE NAME AND DOCUMENT	···	
2.	(CORPORATE NAME AND DOCUMENT	· · · · · · · · · · · · · · · · · · ·	
3.	(CORPORATE NAME AND DOCUMENT	T #)	
4.	(CORPORATE NAME AND DOCUMENT	T #)	
5.	(CORPORATE NAME AND DOCUMENT	T #)	
6.	(CORPORATE NAME AND DOCUMENT	T #)	
SPECIA INSTRU	JCTIONS:		

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT: Smart Energy USA Inc.			
		of corporatio	n - must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Collicate of Existence," or "Certificate referenced foreign corporation to transfer	of Good Sta	nding" and check are sub	ect Business in Florida," omitted to register the
Please	return all correspondence concerni	ng this matte	r to the following:	
Registe	red Agent Solutions, Inc.		·	
		Name of	Person	
Smart I	Energy USA Inc.			
		Firm/Cor	npany	·
Corpora	ate Center 5301 Southwest Parkway, S	uite 400		
		Addı	ress	
Austin,	TX 78735			
		City/State a	ind Zip code	
blake.sl	naw@smartenergy.co			
	E-mail address:	(to be used	for future annual report i	notification)
For furt	ther information concerning this ma	itter, please (call:	
Blake Shaw		+614	0413462126	
	Name of Person	Area Cod	e Daytime Telep	hone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
Please m	ed is a check for the following amount in the check payable to: FLORIDA DE 00 Filing Fee	PARTMENT Fee &	OF STATE 3 \$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.

dress of Florida registered agent: (P.Gegistered Agent Solutions, Inc. 5 Office Plaza Dr. Suite A	O. Box NOT acceptable) , Florida 32301 (Zip code)		2023 J. 1. 2.5 KM 9: 0.5	
egistered Agent Solutions, Inc.	O. Box NOT acceptable)		70	
	O. Box NOT acceptable)		J.::125	
dress of Florida registered agent: (P.G.	O. Box NOT acceptable)		;—, : _:	
		7	023	
	ng address, if different)		~2	
	fice street address)			
(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 stin, TX 78702	in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	ity)		
(D) (_	
acorporation)	(Date of duration, if other	than perpetu	al)	
der the law of which it is incorporated)	(FEI number, if ap	(FEI number, if applicable)		
			n Flori	
	der the law of which it is incorporated) [Scorporation] [Oate first transacted business (SEE SECTIONS 607.1501 & 607.1501) [Oate first transacted business (SEE SECTIONS 607.1501 of 607.1501) [Oate first transacted business (SEE SECTIONS 607.1501 of 607.1501) [Oate first transacted business (SEE SECTIONS 607.1501 of 607.1501) [Oate first transacted business (SEE SECTIONS 607.1501 of 607.1501) [Oate first transacted business (SEE SECTIONS 607.1501 of 607.1501) [Oate first transacted business (SEE SECTIONS 607.1501 of 607.1501] [Oate first transacted business (SEE SECTIONS 607.1501 of 607.1501] [Oate first transacted business (SEE SECTIONS 607.1501] [Oate first	der the law of which it is incorporated) 5. (Date of duration, if other (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabil stin, TX 78702 (Principal office street address) ite 160, Austin, TX 78748	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) stin, TX 78702 (Principal office street address) ite 160, Austin, TX 78748	

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.

> Adam Saldana, Assistant 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.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Elliot Hayes ■Chairman Name: □Chairman Name: _____ 1139 Airport Blvd Address: □Vice Chairman ☐ Vice Chairman Address: ____ Austin, TX 78702 Director □ Director ■President ☐ President □Vice President □Vice President ■Secretary □Treasurer □ Secretary □Treasurer Other _____ □Other _____ □Other _____ □Other ____ □ Chairman Name: □ Chairman □Vice Chairman Address: ____ ☐ Vice Chairman Address: Director Director □ President □President □Vice President _ ☐ Vice President ☐Secretary: □Treasurer ☐ Secretary Treasurer □Other _____ Other ____ Other _____ □Chairman Name: _____ □ Chairman □ Vice Chairman Address: _____ □Vice Chairman Address: _____ Director ☐ Director □President ☐ President □ Vice President _____ ☐ Vice President ☐ Secretary Treasurer ☐ Secretary □Treasurer □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. Elliot Hayes 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. Elliot Hayes

(Typed or printed name and capacity of person signing application)

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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SMART ENERGY 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 TWENTY-FIFTH DAY OF JANUARY, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMART ENERGY USA INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2022.

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

e at corp delaware gov/aut

Authentication: 202571650

Date: 01-25-23

6595834 8300 SR# 20230252239