

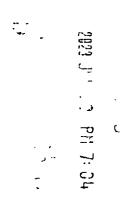
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T. LEMIEUX

COVER LETTER

	Divisi	tration Section of Corpor	ations				
SHRIF	CT.	BRIGHT VII	W ELECTRIC INCORPORA	CTED			
уонут.			Name of corporation	n - mu	st include suffix		
Dear Sir	or M	adam:					
"Certific	cate o	f Existence,"	by Foreign Corporation foor "Certificate of Good Sta orporation to transact busin	nding"	and check are sub		
Please re	eturn	all correspond	lence concerning this matte	er to th	e following:		
LOUIS /	A. IRA	CE, CPA					
			Name o	f Perso	n		
KIRKIL	ES &	KOTIADIS LI	P				
		<u>-</u>	Firm/Co	mpany			
1157 WI	LLIS	AVENUE					
			Add	ress			
ALBER	TSON	. NY 11507					
<u> </u>			City/State	and Zi	p code		
LIRACE	@KK	LLPCPA.CON					
			i-mail address: (to be used	for fu	ture annual report i	iotilic	ration)
For furth	her in	formation cor	cerning this matter, please	call:			
LOUIS /	A. IRA	CE, CPA	at (Area Co	48	34-2800		
	Nam	e of Person	Area Co	de	Daytime Telep	hone	Number
	Regis Divis The C 2415	tration Section ion of Corpor Lentre of Talk	ations thassee reet. Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	iection orpora 7	ntions
	iake ch	ieck payable to	following amount: : FLORIDA DEPARTMEN 1 \$78.75 Filing Fee & Certificate of Status	= \$78	STATE .75 Filing Fee & rtified 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 corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) NEW YORK (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 59 PEACHTREE LANE MOUNT SINAL NY 11766 (Principal office street address) (Current mailing address, if different) Name: Name: TROPICAL GETAWAYS LLC 6830 BEACH RESORT DR., UNIT #14 NAPLES NAPLES Florida 746-5026506 (FEI number, if applicable) (FEI number, if applicable) (FID to determine penalty liability) (Fine address) (Current mailing address, if different)	(Einter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) NEW YORK (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 59 PEACHTREE LANE MOUNT SINAL NY 11766 (Principal office street address) (Current mailing address, if different) Name: Name: TROPICAL GETAWAYS LLC 6830 BEACH RESORT DR., UNIT #14 (City) Florida 34114 (Zip code) Respectively Compared to the purpose of transacting business in Florida) (FEI number, if applicable) (FI number, if applicable) (FI number, if applicable) (FI number, if applicable)		ELECTRIC INCORPORATED		
NEW YORK 3 46-5026506 (State or country under the law of which it is incorporated) (FEI number, if applicable) 03/25/2014 5 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 59 PEACHTREE LANE MOUNT SINAL NY 11766 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: TROPICAL GETAWAYS LLC 23 Office Address: (City) (P.O. Box NOT acceptable) Name: NAPLES (City) (NEW YORK (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 59 PEACHTREE LANE MOUNT SINAL NY 11766 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: TROPICAL GETAWAYS LLC 6830 BEACH RESORT DR., UNIT #14 NAPLES (City) Registered agent's acceptance:			"COMPANY," "CORPORATION,"	
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NAPLES (City) , Florida 34114 (Zip code)	NAPLES (City) , Florida 34114 (Zip code) Registered agent's acceptance:	Name and stree	et address of Florida registered agent: (P.O.		~ . ~3
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(City) (Zip code)	(City) (Zip code)	Name:	et address of Florida registered agent: (P.O. TROPICAL GETAWAYS LLC		2023 Jun
	. Registered agent's acceptance:	Name:	et address of Florida registered agent: (P.O. TROPICAL GETAWAYS LLC 6830 BEACH RESORT DR., UNIT #14	Box <u>NOT</u> acceptable), Florida	
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esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac		Name: Office Address: C. Registered ag Iaving been nan lesignated in this	et address of Florida registered agent: (P.O. TROPICAL GETAWAYS LLC 6830 BEACH RESORT DR., UNIT #14 NAPLES (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme	Box NOT acceptable) , Florida 34114(Zip code) to of process for the above stated on as registered agent and agree	P C ?? corporation at the p to act in this capac
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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 Name: Name: □Chairman □Chairman □ Vice Chairman Address: _____ □Vice Chairman Address: □ Director □Director CHRISTIAN M HEDLUND □President President □Vice President □ Vice President ∐Treasurer □Treasurer □ Secretary □ Secretary Other _____ □Other _____ Other _____ Other _____ []Chairman Name: □!Chairman Name: □Vice Chairman Address: □Vice Chairman Address: _____ □ Director □ Director President []President □ Vice President □Vice President □Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ □Other _____ □Other ____ □Other _____ Name: □ Chairman **ElChairman** □Vice Chairman Address: □ Vice Chairman Address: _____ □ Director □ Director □ President □President □Vice President □ Vice President ☐ Secretary □Treasurer ☐ Secretary □Treasurer □lOther _____ □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.

... CHRISTIAN M. HEDLUND - PRESIDENT

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BRIGHT VIEW ELECTRIC INCORPORATED

DOS ID Number: 4493389

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 11/27/2013

Statement Status: PAST DUE DATE

Statement Due Date: 11/30/2015

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 03, 2023 at 02:15 P.M.

Brandon C Hydro

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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