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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: ELECTRIFIED	Solutions, Inc.
3000		- must include suffix
Dear S	ir or Madam:	
"Certif	closed "Application by Foreign Corporation for icate of Existence," or "Certificate of Good Star referenced foreign corporation to transact business.	nding" and check are submitted to register the
Please	return all correspondence concerning this matte	r to the following:
	A. J.	Ripin
	Name of	
	Elect	rified Solutions, Inc.
	Firm/Con	npany
	h 5 5	SANGER ROAD, Suite 200
-	Addr	css
	0 1/0,	Jo, FC 32827
		and Zip code
	AJ@ Ri	P.N. 10
	E-mail address: (to be used	for future annual report notification)
For fu	ther information concerning this matter, please	
6	A.J. Ripin at S61	346 - 1096 Daytime Telephone Number
	Name of Person Area Coc	le Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please	ted is a check for the following amount: make check payable to: FLORIDA DEPARTMENT 0.00 Filing Fee	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certified Copy 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. Electrified Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Delaware 3. N/A

(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 7/16/2023
5. (Date of incorporation)
6. UPON QUALIF (A FUN)
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6555 SAnger Ruad Svite 200 orlando, FC 32827
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) A.J. Ripin

7189 LAKE Island DRive

(Ake Worth, Florida 33467

(City) (Zip code) Name: Office Address: 9. Registered agent's acceptance: 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. (Registered agent's signature) 10. Attached is a certificate of existence duly authenticated, not more than 30 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	_		- 4 0
□Chairman	Name: Chais SAlvo	□Chairman	Name: Junathan Burguing
□Vice Chairman	Address: 6555 Sanger Rond	□ Vice Chairman	/ 0
	Suite 200	☑Director	Svite 200
[₹President	Orlando, FC 30827	□President	or (mdo, fc 32827
□Vice President		▼Vice President	
☐ Secretary	Treasurer	☐ Secretary	□Treasurer
□Other	□ Other	□Other	Other
Director President Vice President	Name: MAX W. Houper Address: 6555 Sangar RD Suite 200 Onlando, FC 32827	□ Director □ President □ Vice President	Orlando, FC 3282
☐ Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	Other	□Other	□Other
☐Chairman ☐Vice Chairman ☐Director ☐President	Name: GRIFFIN Houser Address: 6555 Sanger RD Suite Low Adapad: FC 32827	□Chairman □Vice Chairman □Director □President	Name:Address:
□Vice President		□Vice President	
☐ Secretary	Freasurer	☐ Secretary	□Treasurer
☐Other	\sim		□Other
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	ent of State Annual R	
	Signature of Director of		
The officer or dire she is aware that finds 18.817.155, F.S.	ector signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms thement of State constitu	nat the facts stated herein are true and that he or utes a third degree felony as provided for in
13.	A.J. RIPIN		



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELECTRIFIED SOLUTIONS 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 THIRTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELECTRIFIED SOLUTIONS INC." WAS INCORPORATED ON THE TENTH DAY OF JULY, A.D. 2023.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

7556832 8300

SR# 20232986160

Authentication: 203737962

Date: 07-13-23

	and the second s
AARON J RIPIN	2964
7189 LAKE ISLAND DR LAKE WORTH, FL 33467	7/13/2023
PAY to the order of Florida	Peppertment of State - \$ 70.00
scentydelles as	Odlar Dollars
BRANCH BANKING AND TRUST COM	
: For Electrified Solv	his M. Signature

. . .