1/9/24, 9:57 AM

Division of Corporations

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Florida Department of State Division of Corporations Division of Corporations O Division of Corporations

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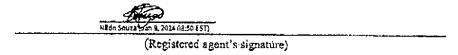
Corporate Filing Menu

Help

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. POWER SOLUTION SERVICES INC

If name unavai	lable in Florida, enter alternato corporate name ad	lopted for the purpose of transa	cting business in Florida)
MAS	SSACHUSETTS 3.	85-1116721	
MASSACHUSETTS 3. (State or country under the law of which it is incorporated)		(FBI number, if applicable)	
	5		
	6		
	(Dato first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	dorida, if prior to registration) 2, F.S., to determine penalty lia	bility)
	17 VASSAR DRIVE, M		,
	(Principal office	street addiess)	· · ·
	17 VASSAR DRIVE, N	MILFORD, MA 01757	
	(Current mailing	address, if different)	
Mama and stra	mandanan affilasida mariananda anasa (D.O.)	D 170M	(D)
Ivaine and site	et address of Florida registered agent: (P.O.) NILDO L. SOUZA	Box MOT acceptable)	202
Name:	NILDO L. SOUZA		2021 JAN
ffice Address:	305 CLUB CIRCLE, UNIT 207		<u>=</u>
	BOCA RATON	33487	
	(City)	, Florida	PH 6: 4 하하는다 된다
No	ent's acceptance:		· · · · · · · · · · · · · · · · · · ·



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

□ Chairman	Name: NILDO L. SOUZA	□ Chairman	Na			
□Vice Chairman	17 VASSAR DRIVE	-	Name:			
Director	MILFORD, MA 01757	_	Address:			
■ President		Director				
		□Presidént				
		□Vice President				
□ Secretary	□ Treasurer	☐ Secretary	Tronsurer			
□Other	Other	Other	Other			
□Chairman □Vice Chairman	Name:		Name:Address:			
□ Director	THIE OND, WAY OTTO	□ Director				
□President		□ President				
■Vice President	· · · · · · · · · · · · · · · · · · ·	□ Vice President				
□ Secretary	☐ Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	Other			
	Name:		Namo:			
□Director		☐ 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. 12						
***	Signature of Directo	or 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.						
13	3NILDO L. SOUZA, PRESIDENT					
(Typed or printed name and capacity of person signing application)						

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The Commonwealth of Massachusetts Secretary of the Commonwealth State Nouse, Boston, Massuchusetts 02183

Date: January 05, 2024

To Whom It May Concern:

I hereby certify that according to the records of this office,

POWER SOLUTION SERVICES INC

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travin Galicin

Certificate Number: 24010043660

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

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