F24000002155

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
(======,			
Certified Conies Certificates of Status			
Octanica copies			
Special Instructions to Filing Officer:			
1.00			

Office Use Only



100427018791

04/05/24-+01017-+009 *#87.50

4044 APR -5 PM 4: 53

COVER LETTER

~	ion of Corporations					
SUBJECT:	Nichols Power Systems Company, Inc.					
2011012011	Name of corporation - must include suffix					
Dear Sir or M	ladam:					
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ing" and check are subm			
Please return	all correspondence concerni	ng this matter t	o the following:			
Frederick Nick	nols					
		Name of P	erson			
Nichols Power	Systems Company, Inc.					
		Firm/Comp	any			
9190 Red Braz	1ch Road, Suite 200					
		Addres	s			
Columbia, MI	21045					
		City/State and	d Zip code			
edevroye@nic	holscontracting.com					
	E-mail address	: (to be used fo	r future annual report no	tification)		
For further in	formation concerning this m	atter, please ca	11:			
Tyler Nichols		at (301) 252-2687				
Nam	e of Person	Area Code	Daytime Telepho	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amounted payable to: FLORIDA DE ing Fee S78.75 Filing Certificate of	EPARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

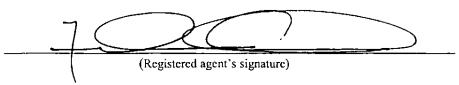
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Nichols Power !	Systems Company, Inc.			
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	.D,'	' "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacting business in	Florida)
Maryland		3. 47-2097096		
(State or country under the law of which it is incorporated			(FEI number, if applicable)	
October, 21, 2014		5.	Perpetual	
(Date of incorporation)		J.	(Date of duration, if other than perpetual)	
Not Applicable				
9190 Red Branch	Road, Suite 200, Columbia, MD 21045		cc street address)	
	(Current ma	ilin	g address, if different)	
. Name and street Name: Office Address:	et address of Florida registered agent: (I Frederick Nichols 2126 NE River Court	P.C). Box <u>NOT</u> acceptable)	7074 VbB -2
moo radioss.	Jenson Beach		, Florida ³⁴⁹⁵⁷	PH 4:
	(City)		(Zip code)	5 3

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.



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 Frederick Nichols Tyler Nichols □Chairman Name: □ Chairman Name: 2126 NE River Court 1808 Indian Head Road Address: Address: □Vice Chairman □Vice Chairman Jenson Beach, FL 34957 Towson, MD 21204 □ Director ☐ Director ■President □ President ☐ Vice President ■ Vice President □Treasurer □ Treasurer ☐ Secretary **■** Secretary Other____ Other ☐ Other _____ Name: _____ Name: □Chairman □ 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 Name: _____ Address: □Vice Chairman Address: ____ □Vice Chairman Director Director □President ☐ President □Vice President __ ☐ Vice President □ Secretary □Treasurer Treasurer ☐ Secretary □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. 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. Frederick Nichols, President

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT NICHOLS POWER SYSTEMS COMPANY, INC. (D16142457), INCORPORATED OCTOBER 21, 2014, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL

ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 29, 2024.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: IESFH8yEUkqQFBSw51AFww To verify the Authentication Code, visit http://dat.maryland.gov/verify