TO: Oualification/Tax Lien Section **Division of Corporations** SUBJECT: Thompson [] Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Businessin Florida", "Certificate of Existence", and check are submitted to register the above refereiged foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: mail to : P.O. Box 1469 3112 S. Atlantic Ave. Should you need to call someone concerning this matter, please call: Darrell Thompson at (941) (668 - 8056 (Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

'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. Thompson Electric Supply The (Name of corporation: must include the word "INCORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. CSCOrg. A 3. 59-334/546 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03-27-1995 (Date of Incorporation) 5. "Perpetual" (Direction: Year corp. will cente the extention "perpetual")
6. Have not yet conducted business (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, ES.)
7. Thompson Electric Supply, Tinc.
8. Electrical Contracting (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Darrell Thompson
Office Address: 3112 S. Atlantic Ave
Egton Park , Florida , 33840 (Zip Code)
10. Registered agent's acceptance: (Zip Code)
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 completely agree of my duties, and I am familiar with and accept the obligations of my negition are reciprocal agent.

11. 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.

(Registered agent's segnature)

and accept the obligations of my position as registered agent.

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Darrell Thompson Address: <u>2832</u> 33840 Vice Chairman: Michael Address: Crystal LK. Sherry Cross Director: __ 3380/ Director: __ Address: __ ဗ္ဗ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: __ d L L Cross Treasurer: Cry stal Address: Lakelana 3380/ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Darrell Thompson Chairman
(Typed or printed name and capacity of person signing application)

Secretary of State. Musiness Information and Services pocker number Auite 315. West Tower 2 Martin Enther King Dr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: 03/27/1995 JURISDICTION

1 961160502 : 9510470 : GEORGIA

PRINT DATE

1 04/25/1996

FORM NUMBER : 0211

DARRELL THOMPSON 3112 SOUTH ATLANTIC AVE. SUITE 1469 EATON PARK, FL 33840

CERTIFICATE OF EXISTENCE

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I, the Secretary of State of the State of Georgia, hereby certify under the seal of my office that

THOMPSON ELECTRIC SUPPLY, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



SECRETARY OF STATE