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JAN 2 6 2015

T. BROWN

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

### SCE BATTERY SUPPLIES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

RACHEL M. STEWART

Name of Person

KOHRMAN JACKSON & KRANTZ PLL

Firm/Company

1375 E. 9TH STREET, 20TH FLOOR

Address

CLEVELAND, OH 44114

City/State and Zip Code

RMB@KJK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL M. STEWART 1,216 736-727

Name of Contact Person

Arca Code

Daytime Telephone Number

**MAILING ADDRESS:** 

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate name adopted for the purpose of trainbility Company," "L.L.C," or "LL.C,")	ansacting business in Florida. The alternate name must include	"Limited
	3 90-0862638	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
(Date first transacted business in 1 (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) F.S. to determine penalty liability	
100 S. ASHLEY DRIVE, SL	JITE 2100	- 1
TAMPA, FL 33602	55.5 55.5 55.5 55.5 55.5 55.5 55.5 55.	5 ; T
(Street Address	of Principal Office)	£ (
100 S. ASHLEY DRIVE, SU	7112 2100	 ⊑—
TAMPA, FL 33602	DE C	ហ
(Mailin	ng Address)	
. The name, title or capacity and address of the person	on(s) who has/have authority to manage is/are:	
CE PARTNERS CORP	Manager	
00 S. ASHLEY DRIVE, SUI	TE 2100	
	12 2100	
AMPA, FL 33602		
Attached is an original certificate of existence, no maying custody of records in the jurisdiction under the ecceptable. If the certificate is in a foreign language, a must be submitted)	e law of which it is organized. (A photocopy is no translation of the certificate under oath of the translation of the translation.)	ot
·	The state of the s	
Signature of an accordance with section 605.0203. F.S., the execution of this document const aware that any false information submitted in a document to the Department	n-authorized person situtes an affirmation under the penalties of perjury that the facts stated to f State constitutes a third degree felony as provided for in s.817.155.	herein are F.S.)
Nir Gabriely, President,	SCE Partners Corp.	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Com	• •	
If unavailable,	the alternate to be used in the	ne state of Florida is:	
2. The name a	and the Florida street address	of the registered agent and office are:	15 J. 77
	REGISTERED AGE	NT SOLUTIONS, INC.	
		(Name)	SEE E
	155 OFFICE PL	AZA DRIVE, SUITE A	2: 45
Florida Street Address (P.O. Box NOT ACCEPTABLE)		- GRIEF	
	TALLAHASSEE	FL 32301	•
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCE BATTERY SUPPLIES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCE BATTERY SUPPLIES LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2012.

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

5113337 8300

150038917

AUTHENTY CATION: 2030263

DATE: 01-12-15

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