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Office Use Only



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MAY 27 2015 J SHIVERS



#### **COVER LETTER**

TO:	Division of Corporatio		9 * # # # #	v .	
SUBJE	$\frac{1}{k}$	ower Lensing Name of	LLC		
001101		Name of	Limited Liability Com	pany	
	closed "Application by Fo	reign Limited Liability Com	pany for Authorization	to Transact Business in Florida," Certificate c ability company to transact business in Florid	
Please	return all correspondence	concerning this matter to the	following:		
		JOHN C M	ictinoes		
		N N	ame of Person		
		Power Lens	ing LCC		
		F	irm/Company		
	2150	CEDARS Rd	STE 1000		
	<del> </del>		Address		
	LAW	CEDARS Rel Vrenceville City/S  Ades @ All STATE E-mail address: (to be use	GA 300	.43	
		City/S	tate and Zip Code		
	Jmilti	Ades @ AllsTH	2-109157ic	s.com	
		E-mail address: (to be use	d for future annual repo	ort notification)	
For furt	ther information concerning	g this matter, please call:			
	Name of	MicTiADES  of Contact Person	at ( <u>770</u> )	338-6889 X100 Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Div Reg Clii 266	REET ADDRESS: ision of Corporations istration Section ton Building 1 Executive Center Circle ahassee, FL 32301	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fe Certified Copy	e & \$\Bigcup \$160.00 Filing Fee, Certificate of Status & Certified Copy	

## $\stackrel{\backprime}{\text{APPLICATION}}$ 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REGISTER A FOREIGN LIM	ITTED LLABILITY
1	"L.L.C.," or "LLC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The liability Company," "A.L.C," or "LLC.")	alternate name must include	"Limited
(Jurisdiction under the law of which foreign limited liability)  (FEI number.	5488520	
company is organized)		
ANTICIPATED June 2015		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability	· )	
2150 CEDAS Rd STE 1000		
LAWYENCEVIlle 64 30043		
(Street Address of Principal Office)		
<u>SAME</u>		
	<del></del>	
(Mailing Address)		
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		
Name: DAVIDE FULCHER		
Name: DAVID & FULCHER  Office Address: 1046 Elmont ST NW  Palm Bay, Florida  (City), Florida		
PAlm Bay, Florida_	32907	
egistered agent's acceptance: (City) (7	Lip code)	
aving been named as registered agent and to accept service of process for the above stated c is application, I hereby accept the appointment as registered agent and agree to act in this c ith the provisions of all statutes relative to the proper and complete performance of my dutic	apacity. I further agree	to comply
e obligations of my position as registered agent		G
- Steel Table		- rep.
(Registered agent's signature)		7 russeed Kil
. The name, title or capacity and address of the person(s) who has/have authority to manage is	/are:	film trans
- POHN MILTIADES, PRESIDENT		C A STATE
677 Hillwood CT		The sales
DACULA GA 30019	100	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the offi	cial baying custody of rec	ards in the
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a tr		
the translator must be submitted)		
- Joh I Milled		
Signature of an authorized person		
n accordance with section 605.0203. F.S., the execution of this document constitutes an affirm e facts stated herein are true. I am aware that any false information submitted in a document to		
gree felony as provided for in s.817.155, F.S.)	•	
Tour a related and Sciences		
Typed or printed name of signee		

#### **STATE OF GEORGIA**

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 12049668

DATE INC/AUTH/FILED : June 13, 2012

JURISDICTION : Georgia

PRINT DATE : May 20, 2015

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### POWER LEASING, LLC A Domestic Limited Liability Company

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 and 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 above-named 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.

5: 1.h

Brian P. Kemp Secretary of State

Tracking #: yyNyUvrc