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COVER LETTER

TO:	Registration Section Division of Corporation	15					
SUBJI	Powers Energy Solu		•				
3000	ЕСТ:	Name of	Limited Liability (Company			
					unsact Business in Florida," (y company to transact busine		
Please	return all correspondence of	concerning this matter to the	following:				
	Jason Powers						
		N	ame of Person	<u>-</u>			
	Powers Energy	Solutions LLC					
	Firm/Company						
	407 E Main St.	407 E Main St., Suite 5					
Address							
	Port Jefferson, NY 11777						
	City/State and Zip Code						
	jason@powersio	t.com					
	 ,	E-mail address: (to be use	d for future annual	report not	ification)		
For fur	ther information concernin	g this matter, please call:					
	Jason Powers		703 at (337-82	50		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
Enclos	ed is a check for the follow 道\$125.00 Filing Fee	ing amount: \$\infty\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2018

JASON POWERS 407 E MAIN ST SUITE 5 PORT JEFFERSON, NY 11777

SUBJECT: POWERS ENERGY SOLUTIONS LLC

Ref. Number: W18000071034

We have received your document for POWERS ENERGY SOLUTIONS LLC and your check(s) totaling \$190.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

3002c 40

Letter Number: 518A00016099

www.sunbiz.org

3/,

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS. IN FLORIDA IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, 1" T. FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: mited Liability Company: must include "Limited Liability Company." L.L.C., or "L.C. Iff nome unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited I labelity Company," "L.L.C," or "LLC.") (FT:I number, il applicable) (Jerischetion under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 605,0904 & 605,0905, F.S. to determine penalty h 407 E Main St. Suite 5 407 E Main St., Suite 5 (Mailing Address) (Street Address of Principal Office) Port Jefferson, NY 11777 Port Jefferson, NY 11777 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services; Inc. Name: 17888 67th Court North Office Address: Loyahatchee Registered agent's acceptance: 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 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 avent. Jackie DeFilippis on behalf of InCorp Services, Inc. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: CEO Jason Powers 407 E Main St., Suite S Port Jellerson, NY 11777 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Steriature of an authorized person

Typed or printed name of signor

Jason Powers

Common boealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That POWERS ENERGY SOLUTIONS LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 7, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date: September 20, 2018

Joel H. Peck, Clerk of the Commission



CISECOM

Document Control Number: 1809205469