Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031 Phone : (300)906-9220

Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company CELLECTRIC ELECTRICAL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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S. PRATHER

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COVER LETTER

TO: Registration Section Division of Corporations

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and in Florida..

Please return all correspondence concerning this m	atter to the	following:			
Allstate Corpora	ate S	ervices C	Corp.		
	N	ame of Person	· · ·		
2215 HENDRIC	CKSC	N STRE	ET,	SUITE 1	
	Fi	rm/Company	<u>.</u>		
	·	Address			
Brooklyn, NY 1	1234		_		
	-	tate and Zip Code			
filing@acs123.c	om				
E-mail address	(to be used	for fuzure annual rep	ort notifica	ntion)	
For further information concerning this matter, pleas	se call:				
Naomi Ostopowitz		800 at	906	-9220	
Name of Contact Person		Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registre Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building accutive Center Circustee, FL 32301	:le	,	
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Certificate of	g Fcc &	S155.00 Filing		□ \$160.00 Filing Fee, Certifice of Status & Certified Conv.	atc

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLA	ORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternational Liability Company," "L.L.C," or "LLC.")	ate name must include "Limited
2. DELWARE 3. N/A	
(Jurisdiction under the law of which toreign limited finitity (FEI number, it as company is organized)	phicable)
4. UPON REGISTRATION	2019
(Date first transacted business in Florida, If prior to registration.) (See sections 605,0904 & 605,0905, P.S. to determine penalty liability)	Ti umi#Q
6615 TOWPATH ROAD, EAST SYRACUSE, NY 130	· · · —
	100
(Street Address of Principal Ottice)	
6. 6615 TOWPATH ROAD, EAST SYRACUSE, NY 1305	57 👰 😸
	·
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	
·	-
STEPHEN A. PALLADINO, MEMBER, 6615 TOWPATH ROAD, EAST SYRA	CUSE, NY 13057
~····	
8. Attached is an original certificate of existence, no more than 90 days old, duly auth	and and described as a SC -1-1
having custody of records in the jurisdiction under the law of which it is organized. (A	A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of the certificate un	der oath of the translator
must be submitted)	
SO Ma	
Signature of an authorized person	
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of per im aware that any false information submitted in a document to the Department of State constitutes a third degree follons as pro-	jury that the facts stated herein are true. I avided for in a B17,155, F.S.)
STEVEN WEISS, AUTHORIZED PERSON	,
Typed or printed name of signee	

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 Con	-			
If unavailable	, the alternate to be used in t	he state of Florida is:			
2. The name a	and the Florida street addres	s of the registered agent and office are:			
	Registered Ag	ent Solutions, Inc.			
		(Name)			
	155 Office Plaz	za Dr., Suite A			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	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.

Steven Weiss, Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CELLECTRIC ELECTRICAL, 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CELLECTRIC ELECTRICAL, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2014.

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

at corp.delaware.gov/auti

Authentication: 202304518

Date: 02-22-19

5553091 8300
SR# 20191259541
You may verify this certificate online at corp.delaware.gov/authver.shtml