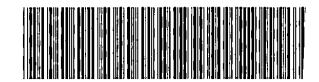
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TO:	Registration Section
	Division of Corporations

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SUBJECT:	POWERLIGHTS	& EQUIPMENT COLLC
2,000,000		Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

	MITCHELL		
	;	Same of Person	
POWE	RLIGHTS &	EQUIPM	IENT CO LLC
	1	Firm/Company	
PO BO	X 4256		
	-	Address	
LAURE	L, MS 3944	11	
	City/	State and Zip Code	
		24 00 14	
LAURA	ω CERRACI	PA.COM	
LAURA(©CERRACI E-mail address: (to be use		report notification)
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er information concerning	E-mail address: (to be use this matter, please call:		report notification) 433-5229 Daytime Telephone Number
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er information concerning DUANE MI Name of MAILING ADDRESS: Division of Corporations	E-mail address: (to be use this matter, please call:	ed for future annual	Daytime Telephone Number STREET ADDRESS: Division of Corporations
er information concerning	E-mail address: (to be use this matter, please call:	ed for future annual	,433-5229

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSIN. IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED I.I.A. COMPANY TO TRANSACT RUSINUSS INTUE STATE OF ELODIDA.

POWERLIGHT (Name of Foreign	S & EQUIPMENT CO LLC	Liability Company," "L.L.C.," or "L.L.C.")		
	HTS & EQUIPME			
		ida. The alternate name must include "Limited Liability Company," "	L.L.C." or "LLC	
2. MISSISSIPPI (Jurisdiction under the law of which foreign limited liability company is organized)		3. 27-2243291 (FEI number, if applicable)		
	, , , , , , , , , , , , , , , , , , ,			
ł	(Date first transacted business in Florida, if prior to e	Porstrativn)		
007110104	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine			
967 HAW		_{6.} PO BOX 4256		
(Street Address of	•	(Mailing Address)	<i>1</i>	
LAUREL,	VIS 39443	LAUREL, MS 394	4 1	
			6:83	
 -			-6-	
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	D() ((1)	
Name:	Registered Agents	inc.	7.7 (.)	
	7901 4th St N STE	E 300	-	
Office Address:				
Office Address:	St. Petersburg	Florida 33702		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthto comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.

Bel Hame	
(Registered agent's signature)	

<u> Fitle or Capacity:</u>	Name and Address:	Title or Capacity	<u>′:</u>	Name and Address:
✓Manager	Name: DUANE MITCHELL	Manager	Name:	
☑Member	Address: 967 HAWKES RD	Member	Address:	
Authorized	LAUREL, MS 39443	Authorized		
Person		Person		
_Other	Other	Other		Other
Manager	Name: LAURA BRAME CERRA, CPA	☐ Manager	Name:	
Member	Address: 415 N MAGNOLIA STREET	Member	Address:	
Authorized	SUITE 330	Authorized		
Person	LAUREL, MS 39440	Person		
_{→Other} CPA	Other	Other		Other
Manager	Name:Address:	☐ Manager ☐ Member		2010 00102
Member Authorized		☐ Authorized	radicas.	(3) (2)
Person		Person		<u> </u>
Other		Other		Other
ndexed individuals On Attached is a cert	Use an attachment to report more than six (6). The may be added to the index when filing your Flow tificate of existence, no more than 90 days old, one law of which it is organized. (If the certificate st be submitted) is executed in accordance with section 605.0203 ment to the Department of State constitutes a thin	orida Department of Sta duly authenticated by the e is in a foreign languag S (1) (b), Florida Statute	ite Annual Rep ne official havi ge, a translation es, I am aware i	ng custody of records in of the certificate under that any false information
10. This document		na aegree reiony as pro	viaca ioi iii 8.0	11 7 . 1 . 7 . 7 . 4 . 6 7 .
10. This document submitted in a docu	ment to the Department of State constitutes a thi			



Delbert Hosemann Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

POWERLIGHTS & EQUIPMENT CO., LLC

Registered the 14th day of December, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

20 Iris Lane, Laurel, Ms 39443;PO Box 4256 Laurel, MS 39441

And that the registered agent at that address is:

Mitchell, Daune

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 23rd day of October, 2019

C. Delbert Hosemann, Jr. Secretury of State

Certificate Number: CN19072850

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx