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 : NATIONAL LICENSING CONSULTANTS, LLC

Account Number : I20210000115 : (954)233-0222 Fax Number : (813)441-8235

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

Email Address: \_\_\_\_STATELICENSEINFO@GMAIL.COM

## FOREIGN PROFIT/NONPROFIT CORPORATION WEST COAST ENERGY SOLUTIONS, INC.

Certificate of Status	0
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TO:

## H230000656263

# **COVER LETTER**

TO:	Registration Section Division of Corporations				
CHRI	ECT: WEST COAST ENERGY SOLU	TIONS, INC	<u>.</u>		
.50.00	Name of	corporation	- must include suffix		
Dear S	ir or Madam:				
"Certif	iclosed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to tran	Good Stand	ling" and check are submitte		
Please	return all correspondence concerning	this matter	to the following:		
AMAN	DA BRIERLEY				
		Name of I	Person		
NATIO	NWIDE CONTRACTOR LICENSING				
		Firm/Comp	pany		
29157 (	CHAPEL PARK DR STE A				
		Addre	\$S		
WESLI	EY CHAPEL, FL 33543				
	(	Jity/State an	id Zip code		
STATE	LICENSEINFO@GMAIL.COM				
	E-mail address: (	to he used fo	or future annual report notifi	cation)	
For fu	ther information concerning this matt	er, please ca	ill:		
AMAN	DA BRIERLEY	954	233-0222	Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephone	Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations	
Please	ned is a check for the following amount make check payable to: FLORIDA DEP, 0.00 Filing Fee   S78.75 Filing Fee Certificate of S	ARTMENT Fee & □		\$87.50 Filing Fee, Certificate of Status & Certified Copy	

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#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Page: 3 of 5

(Date first transacted business in	(FEI number, if ap  (Date of duration, if other  in Florida, if prior to registration)  502, F.S., to determine penalty liability	pplicable) than perpetual)
(Date first transacted business in SEE SECTIONS 607.1501 & 607.15	(Date of duration, if other n Florida, if prior to registration)	pplicable) than perpetual)
(Date first transacted business in SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration)	than perpetual)
SEE SECTIONS 607,1501 & 607 1;		
SEE SECTIONS 607,1501 & 607 1;		
DR APT 1221 SACRAMENTO, C.	•	ity)
(Principal offi	îce <u>street</u> address)	
(Current mailir	ng address, if different)	123 F
of Florida registered agent: (P.C	O Box NOT accentable)	2023 FEB 20
		20 F
HAPEL PARK DR STE A		4:
Y CHAPEL	33543 Florida	<u></u> ت
(City)	(Zip code)	
	of Florida registered agent: (P.O. FAL LICENSING CONSULTANTS L. HAPEL PARK DR STE A. Y CHAPEL.  (City)  ptance:  istered agent and to accept serve on, I hereby accept the appoint the provisions of all statutes in the provisions.	Y CHAPEL Florida 33543 (Zip code)

<sup>10.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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#### A. DIRECTORS STANISLAV SLOBODENYUK □ Chairman Name: \_\_\_\_\_ □ Chairman Address □Vice Chairman □Vice Chairman Address \_\_\_\_\_ 7585 DIAMOND RANCH DR ☐Director Director APT 1221 □ President **President** SACRAMENTO, CA 95829 □Vice President □Vice President ☐Secretary Treasurer **Becretary** []Treasurer CEO Other\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ \_IChairman □Chairman Name \_\_\_\_ TiVice Chairman Address: TVice Chairman Address \_\_\_\_\_ Director □Director □President ☐President □Vice President □Vice President □Treasurer Treasurer □ Secretary □ Secretary Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ Name: → Chairman UChairman Name \_\_\_\_ □Vice Chairman Address \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □Director □Director **IlPresident** . President TVice President Tivice President Treasurer Treasmen TSecretary. Secretary □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the indice when filing your Florida Department of State Annual Report form.

Signature of Director or Officer

The officer or director signing this document tand who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: WEST COAST ENERGY SOLUTIONS

Entity No.: 4580301 Registration Date: 03/19/2020

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 17, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 083478537

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.