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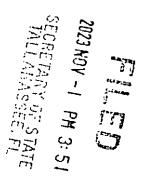
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### **COVER LETTER**

TO:	Registration Section Division of Corporations				
	AMERICAN ELECTRICAL INNOVATION	SS LLC			
SUBJE	CT:				
Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please r	return all correspondence concerning this matter to	the following:			
	CAMERON WILLIAM TIETZ				
		Name of Person			
	AMERICAN ELECTRICAL INNOVA	FIONS ETD.			
		Firn/Company			
	4525 INGALLS DRIVE				
	<del></del>	Address			
	WELLINGTON, COLORADO 80549				
		ity/State and Zip Code			
	CAM@AEINNOVATIONS.CO				
	E-mail address: (to be	used for future annual report notification)			
For furt	her information concerning this matter, please call	1:			
	CAMERON WILLIAM THUZ	352 476-8033			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
	Registration Section	Registration Section Division of Corporations			
	Division of Corporations P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
	Enclosed is a check for the following amount:	A POWER OF COME (TIP)			
	Please make check payable to: FLORIDA DEP.  \$125.00 Filing Fee \$130.00 Filing Fee  Certificate o	e & 🔲 \$155.00 Filing Fee & / 💥 \$160.00 Filing Fee, Centificate			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002 FLORIDA STATLIFS THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN TABILITY

Col.ORADO USA   S1-3736202	(Name of Foreign MERICAN ELECTRIC	Limited Liability Company; must include "Limited AL INNOVATIONS LLC.	Liability Co	mpany," "L.L.C.," or "L.L.C.	")		
(hursdiction under the law of which foreign limited liability company is organized)  (DEC 4, 2023  (Date first transacted basiness in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.)  8470 W BUCKWOOD CT  4525 INGALLS DRIVE  (Mailing Address)  WELLINGTON, COLORADOLOGY  HOMOSASSA, FLORIDA  WELLINGTON, COLORADOLOGY  34448  80549  CAMERON WILLIAM TIETZ  Name:  8470 W BUCKWOOD CT  Office Address:  HOMOSASSA  34448		name adopted for the purpose of transacting business in Flo			i Liability Compar	ıy." "L L.C	Tor "Ll
(Date first transacted business in Florida, if prior to registration.) (See sections 695 6904. & 605 6905, F.S. to determine penalty hability)  8470 W BUCKWOOD CT  4525 INGALL S DRIVE  6	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)				
8470 W BUCKWOOD CT  4525 INGALLS DRIVE  6. (Mailing Address) WELLINGTON, COLORADOF-TO BY WELLINGTON, COLORADOF-TO	DEC 4, 2023						
8470 W BUCKWOOD CT  4525 INGALLS DRIVE  (Mailing Address)  WELLINGTON, COLORADOF-TO BY  WELLINGTON, COL							
8470 W BUCKWOOD CT  4525 INGALLS DRIVE  6. (Mailing Address) WELLINGTON, COLORADOF-TI WELLINGTON		(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	egistration ) se penalty liab	ility)			
HOMOSASSA, FLORIDA  WELLINGTON, COLORADOF TO NOV 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8470 W BUCKWOOD						
HOMOSASSA, FLORIDA  WELLINGTON, COLORADOF TO NOV 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			6		<u>=-4[]]</u>	202	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CAMERON WILLIAM TIETZ  Name:  8470 W BUCKWOOD CT  Office Address:  HOMOSASSA  34148	treet Address of Principal Office)			·	122	دست جح	(12 Te)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CAMERON WILLIAM TIETZ  Name:  8470 W BUCKWOOD CT  Office Address:  HOMOSASSA  34448	HOMOSASSA, FLOR	IDA	WI	ELLINGTON, COLOR	ADOM さまさ	A0.	£ 3
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CAMERON WILLIAM TIETZ  Name:  8470 W BUCKWOOD CT  Office Address: HOMOSASSA  34448			-		المُنْفِدِ مِنْ الْمُنْفِدِ اللهِ الله الله الله الله الله الله الله الله		4179
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CAMERON WILLIAM TIETZ  Name:  8470 W BUCKWOOD CT  Office Address:  HOMOSASSA  34448	34148		80.	549	SOUTH	-0	7773
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CAMERON WILLIAM TIETZ  Name:  8470 W BUCKWOOD CT  Office Address:  HOMOSASSA  34448				<u> </u>			
CAMERON WILLIAM TIETZ  Name:  8470 W BUCKWOOD CT  Office Address:  HOMOSASSA  34448					775		
Name:	. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	· H	<del>-</del>	
Name:							
8470 W BUCKWOOD CT  Office Address: HOMOSASSA  34448		CAMERON WILLIAM HETZ					
Office Address: HOMOSASSA 34448	Name:						
HOMOSASSA 34448		8470 W BUCKWOOD CT					
The state of the s	Office Address:		- <del></del>				
Florida		HOMOSASSA		34448			
				, Florida			

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 agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: CAMERON WILLIAM TIETZ Name: **■**Manager □Manager Name: \_\_ 8470 W BUCKWOOD CT □Member ☐ Member Address: Address: \_ HOOMOSASSA, FLORIDA ☐ Authorized □Authorized 3-1-1-18 Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Other \_\_\_\_\_ □Manager Name: □Manager Name: Address: □Member □Member Address: \_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other □Other\_\_\_ Name: □Manager □Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_ □Member □Member Address: □ Authorized ☐ Authorized Person Person □Other\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Signature of an authorized person

Typed or printed name of signee

CAMERON WILLIAM TIETZ

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

American Electrical Innovations Ltd.

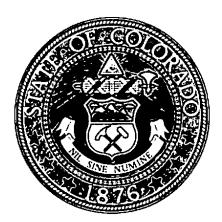
is a

#### Limited Liability Company

formed or registered on 09/01/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161598756.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/27/2023 that have been posted, and by documents delivered to this office electronically through 10/30/2023 @ 13:57:13

I have affixed hereto the Great Scal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/30/2023 @ 13:57:13 in accordance with applicable law. This certificate is assigned Confirmation Number 15445450



Secretary of State of the State of Colorado

\*\*\*\*End of Certificate\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosov.gov.hiz/CertificateSearche\*riteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosov.gov.click//Businesses, trademarks, trade names// and select "Frequently Asked Questions."