(Re	equestor's Name)	
(Ad	ldress)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVERI	EIIEK ,	بدليت
TO: New Filing Section Division of Corporations		ŕ
•		
SUBJECT: AscentTek Solutions In	on - must include suffix	
Name of corporatio	II - must metade surrix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standard above referenced foreign corporation to transact busing the corporation to transact business the corporation to the corporation to transact business the corporation to the corporatio	anding" and check are submitted to registe	
Please return all correspondence concerning this matte	er to the following:	
Steve Perkins		
Name of	f Person	
AscentTek Solutions Inc	•	
Firm/Co	mpany	
2615 Overland Rd		
Add	ress	
Laramie, WY 82070		
City/State	and Zip code	
sdperkins@bresnan.net		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
Steve Perkins at (307	, 760-0160	
	Code & Daytime Telephone Number	_
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	13 JAN -8 PM 3: 58
Enclosed is a check for the following amount:		S

□ \$78.75 Filing Fee & Certified Copy

□ \$87.50 Filing Fee, Certificate of Status &

Certified Copy

□ \$78.75 Filing Fee & Certificate of Status

5 \$70.00 Filing Fee

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.

	corporation; must include "INCORPORATI Corp." "Inc." "Co." or "Corp.")	ED." "COMPANY," "CORPORATION."	
	·	me adopted forthe purpose of transacting business i	in Floridu)
Wyoming		_{3.} 46-1082011	
, •	under the law of which it is incorporated)	(FEI number, if applicable)	
11/23/20	12	perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
2615 Ove	rland Rd., Laramie, WY (Principal office rland Rd., Laramie, WY 8) (Current mailing	address) 2070 address)	<u></u>
	any and all lawful busine		
(Purpose(s) of corporation authorized in home state of	r country to be carried out in state of Florida)	ಪ
Name and stre	et address of Florida registered agent:	(P.O. Box NOT acceptable)	JAN -
Name:	NRAI Services, Inc.		ထ
fice Address:	515 East Park Avenue		PH 3:
	Tallahassee	. Florida 32301): 5 8
	(City)	(Zip code)	

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.

NRAI SERVICES, INC. Jessica Cox, Assistant Secretary (Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ______ 13 JAN -8 PM 3: 58 Address: Vice Chairman: Address: Director: Director: **B. OFFICERS** President: Steven D. Perkins 2615 Overland Rd., Laramie, WY 82070 Vice President: Address: Secretary: Dorothy A. Gallegos 2615 Overland Rd., Laramie, WY 82070 Steven D Perkins Address: 2615 Overland Rd., Laramie, WY 82070 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. 14. Steven D Perkins, President

(Typed or printed name and capacity of person signing application)

AscentTek Solutions Inc Additional Officer

Assistant Treasurer Dorothy A. Gallegos 2615 Overland Rd., Laramie, WY 82070

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STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

ASCENTTEK SOLUTIONS INC.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on November 23, 2012, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2012-000633273.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of January, 2013 at 8:41 AM. This certificate is assigned 013097423.



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.