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Division of Corporations

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
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FOREIGN PROFIT/NONPROFIT CORPORATION
FONON CORPORATION

Certificate of Status	0
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PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FONON CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FONON CORPORATION" WAS INCORPORATED ON THE TWENTIETH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State
 AUTHENTICATION: 2607997

DATE: 07-31-15

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.

1. FONON CORPORATION

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Fonon Laser Systems Corporation

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

DELAWARE

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

JULY 20, 2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

400 RINEHART ROAD, SUITE 1000, LAKE MARY, FLORIDA 32746

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FONON LASER TECHNOLOGIES, LLC

Office Address: 400 RINEHART ROAD, SUITE 1000

LAKE MARY, Florida 32746

(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: D. Gennadiy Nikitin

Address: 400 Rinehart Rd Suite 1000

Lake Mary FL 32746

Vice Chairman: _____

Address: _____

Director: J. LOUIS SCHLEGEL IV

Address: 400 Rinehart Rd Suite 1000

Lake Mary FL 32746

Director: Wayne Tupuola

Address: 400 Rinehart Rd Suite 1000

Lake Mary FL 32746

B. OFFICERS

President: D. Gennadiy NIKITIN

Address: 400 RINEHART ROAD, SUITE 1000, LAKE MARY FL 32746

Vice President: J. LOUIS SCHLEGEL IV

Address: 400 RINEHART ROAD, SUITE 1000, LAKE MARY FL 32746

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

SECRETARY OF STATE
PALM BEACH COUNTY
5 AUG 20 AM 7:42
FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

[Signature]
Signature of Director or Officer

The officer or director signing this document (and 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.

13. DMITRIY NIKITIN

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