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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



OCT 15 2015 J SHIVERS

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

COVER LETTER DATE: 10-14-15				
WALK IN				
ENTITY NAME: 360HEROS, IN C				
(NAME AVAILABLE? <u>YES</u> CORRECT FORM? <u>/</u>)				
PLEASE FILE THE ATTACHED AND RETURN:				
PLAIN COPY CERTIFIED COPY				
CHECK # 1992 AMOUNT: 78.75				

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY QUESTIONS OR CORRECTIONS!

THANK YOU!
TINA GOFF, PRESIDENT
SUNSHINE CORPORATE & FILING SERVICES, INC.

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.

(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting	ng business in Florida)
(State or country	y under the law of which it is incorporated)	(FEI number, if ap	anliantio)
		PERPETUAL	
· · · · · · · · · · · · · · · · · · ·	of incorporation)	(Duration: Year corp. will cease to	o exist or "perpetual")
6. Upon filing			
· · · · · · · · · · · · · · · · · · ·		in Florida, if prior to registration)	in
. 518 OUE	EN ST., OLEAN, NY 1476	1502, F.S., to determine penalty liabil	iny)
7. 010 QOLI	(Principal office ad		
SAME	(•••	
·	(Current mailing ad	Idress)	
8. Name and <u>stree</u>	et address of Florida registered agent: (P	O.Box <u>NOT</u> acceptable)	OCT 14 RETARY AHASSE
Name:	United Corporate Services, Inc.		70 ₹
Office Address:	9200 South Dadeland Blvd. Suite	508	8: 22 SIAIE LORID
	Miami	, Florida <u>33156</u> (Zip code)	D
	(City)	(Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: sed as registered agent and to accept ser application, I hereby accept the appoin comply with the provisions of all statutes familiar with and accept the obligations	ntment as registered agent and ag s relative to the proper and comp	ree to act in this capacity. lete performance of my
duties, and I am j	amiliar with and accept the obligations	s of my position as registered age.	ni.

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: MICHAEL KINTNER 518 QUEEN ST. OLEAN, NY 14760 Vice Chairman: Address: Director: MICHAEL KINTNER Address: 518 QUEEN STREET, OLEAN, NY 14760 Director: **B. OFFICERS** President: MICHAEL KINTNER Address: 518 QUEEN STREET, OLEAN, NY 14760 Vice President: Address: 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. 13. PRESIDENT AND CEO

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "360HEROS, INC." 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2015.

Authentication: 10110967

Date: 09-22-15

5314097 8300 SR# 20150223413