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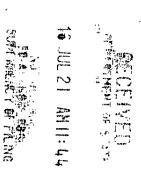
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COVER LETTER

TO:	Registration Section Division of Corpora					
	•	U-Go Statio	ns Inc			
SUBJ	IECT:	Name of corners	tion	must include suffix		
		rame or corpora	uon -	must metade surrix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence," of	by Foreign Corporation or "Certificate of Good rporation to transact bu	Standi	ng" and check are sub	ect Business in Florida," omitted to register the	
	return all correspond n Policastro / Harris B	ence concerning this m aum	atter to	the following:		
U-Go	Stations Inc.	Name	of Pe	rson		
1818	Market Street 13th Fl	Firm/0	Compa	ny		
Philad	elphia PA	19103	ddress			
bpolica	astro@ugostations.co		te and	Zip code		
	E	-mail address: (to be us	ed for	future annual report i	notification)	
For fu	rther information cond	erning this matter, plea	ise call	:		
Bill Po	licastro	231		360-5777		
	Name of Person	at (Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a check for the f	ollowing amount:				
⊡ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2016

COURIOR XPRESS

SUBJECT: U-GO STATIONS INC. Ref. Number: W16000051111

We have received your document for U-GO STATIONS INC. and your check(s) totaling \$720.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 116A00015340

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. U-Go Stations Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") UGO Stations Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 27 3534070 Pennsylvania (State or country under the law of which it is incorporated) (FEI number, if applicable) Perpetual (Date of incorporation) (Date of duration, if other than perpetual) Jan 1 2015 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18 i 8 Market Street 13th fl Philadelphia PA 19103 (Principal office address) ĵ:UA (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address: **TAMPA** (City) 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.

Bill Havre/Secretary/Registered Agents Inc.

(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:

À. DIR	ECTORS	
Chairmar		
Address:	Philadelphia PA 19106	
	David Soens	
Vice Cha		
Address;	Mount Pleasant SC 29464	
	William Policastro	
Director:	1080 Bayside Dr	
Address:	Traverse City MI 49686	
	John O'Sullivan	
Director:	43 Bogert Ave	- ··
Address:	Westwood NJ 07675	
B. OFF	TICERS	ALL THEN
President	William Policastro	
Address:	1080 Baycide Dr	10 ===
	Traverse City MI 49686	
Vice Pres	David Soens	
Address:	985 Cottingham Rd	
Address,	Mount Pleasant SC 29464	
Secretary	John O'Sullivan	
Address:	43 Bogert Ave, Westwood NJ 07675	
Treasure	Norman Zarwin	
	191 Presidential Blvd, Balakinwood PA 19004	
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12	Signature of Director or Officer	
are true a third d Will	cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated her and that he or she is aware that false information submitted in a document to the Department of State constitutes a provided for in s.817.155, F.S. lam Policastro, President	
13,	(Typed or printed name and capacity of person signing application)	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 07/11/2016



TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

U-GO STATIONS, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160711110476-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx