FIBOTOCZESS

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





200307821952

01/19/18--01831--013 **78.75



COVER LETTER

TO: Registration Section Division of Corpor			
BIG BANG I	ERP USA INC.		
SUBJECT:	Name of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," above referenced foreign of	or "Certificate of Good S	tanding" and check are sub	
Please return all correspond VINCENT ALLARD	dence concerning this mat	tter to the following:	
	Name (of Person	
CORPOMAX INC.			
2915 OGLETOWN RD	Firm/C	ompany	
- , , , _ , _ , _ , _ , _ , _ , _ , _ , 	Ad	dress	
NEWARK, DE 19713			5-2
INFO@CORPOMAX.COM	City/State	e and Zip code	THE T
	E-mail address: (to be use	d for future annual report r	notification):
For further information cor	neerning this matter, pleas	se call:	P C
VINCENT ALLARD	302 at (266-8200	
Name of Person	Area C	ode Daytime Telep	hone Number
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 33	on rations enter Circle	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the	following amount:		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

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.

BIG BANG ER	P USA INC.		
(Enter name of c	orporation: must include "INCORPORATED, Corp." "Inc.," "Co." or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
DELAWARE 2.		61-1789283	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
MARCH 30, 2016 4.		PERPETUAL	
	e of incorporation)	(Date of duration, if other than perpetual)	
6			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
2915 OGLETOW	VN RD, #2560, NEWARK, DE 19713	502, 1.3., to determine penarty hability)	
7	(Princi	pal office address)	
	(Crime)	par office address)	
	(Current maili	ng address, if different)	
	(3		
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	NRAI SERVICES. INC.	O. Box NOT acceptable)	
Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	33374	
	(City)	Zip code)	
Having been nan designated in this further agree to c	application, I hereby accept the appoint	ice of process for the above stated corporation at the plac ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my	
,	Canise Bell Denis	e Bell, Asst Secretary	

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.

(Registered agent's signature)

11. Name	es and business addresses of officers and/or directors:		
A. DIRE	CCTORS		
Chairman:			
Vice Chair	man:		
_			
Director:	GABRIEL TUPULA YAMBA		
•	2915 OGLETOWN RD, #2560, NEWARK, DE 19713		
			-
Director			
110MC33			
B. OFFI	CERS		
President:	GABRIEL TUPULA YAMBA	2018	-77
	2915 OGLETOWN RD. #2560. NEWARK. DE 19713	H	- James
Address.		<u> </u>	T
	1	<u> </u>	
	dent:	01 7	
Address: _			
-	GABRIEL TUPULA YAMBA		
Secretary:			
Address: _	GABRIEL TUPULA YAMBA		-
Treasurer:	2915 OGLETOWN RD, #2560, NEWARK, DE 19713	<u> </u>	
Address:	2713 003210 111 112, 12500, 1111 111111, 12501, 1111		
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers a	and/or directors.	
12	Size to a Spiroto 2065		
	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that		
	nd that he or she is aware that false information submitted in a document to the Departrigree felony as provided for in s.817.155, F.S.	nent of State const	itutes
13	GABRIEL TUPULA YAMBA, PRESIDENT		
	(Typed or printed name and capacity of person signing application)		



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BIG BANG ERP USA 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

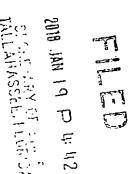
OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JANUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIG BANG ERP USA INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 201980368

Date: 01-17-18

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