

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Phone : (702)866-2500 Fax Number : (702)866-2589

Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.

Email Address: Documents @incorp.com

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FOREIGN PROFIT/NONPROFIT CORPORATION Solutions Thru Software Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

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COVER LETTER

さいわきたし 1:	SUBJECT: Solutions Thru Software Inc.			
	Name of corp	oration - mu	st include suffix	
Dear Sir or Madam:				
"Certificate of Bxisten	tion by Foreign Corporati ce," or "Certificate of Goo gn corporation to transact	od Standing	' and check are sub	
Please return all corres	pondence concerning this	matter to th	e following:	
	Nic	xole Acosta		
	Na	me of Perso	n	
	lnCor,	p Services, I	nc.	
	Fin	m/Company		
	3773 Howard Hug	ghes Parkv	ay Suite 500S	
		Address		•
	Las Vega	в, NV 8916	9-6014	
	City/	State and Zi	p code	
		ents@Incorp		
	E-mail address: (to be	used for fu	ture annual report i	notification)
Por further information	concerning this matter, p	lease call:		
			•	
	orp Services, Inc. _{at C}	702)	866-2500 Ext. 6	925
costa on behalf of InCo		ea Code	Daytime Telep	hone Number
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Name of Person STREET/COI Registration Street Division of Co Clifton Buildir	URIER ADDRESS: section reportations ng	ea Code	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	DDRESS: ection orporations
STREET/COI Registration Se Division of Co Clifton Buildir 2661 Executiv Tallahassee, Fl	URIER ADDRESS: section reportations ng	ea Code	MAILING A Registration S Division of Co P.O. Box 632	DDRESS: ection orporations

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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.

Solutions Thru	Software Inc.		
	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	
(If name unavaile	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida).	
Nevada	<u>-</u>	3. 98-0394752	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/25/2003		Perpetual	
~	of incorporation)	(Date of duration, if other than perpetual)	
Upon registrati	ion ,		
1901 Camino	(SEB SECTIONS 607.1501 & 607 Vida Roble Stule 204, Carlsbad, CA	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability) A 92008 clpal office address)	
	•	<u> </u>	
	•	liing address, if different)	
Name and street	ot address of Florida registered agent: (I	P.O. Box NOT acceptable)	
Name:	InCorp Services, Inc.		
ffice Address:	17888 67th Court North		
	Loxahatchee	, Florida 33470	
	(City)	(Zip code)	

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 und complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent.

Micole Acosta on behalf of incorp Services, 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.

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _ Vice Chairman: _ Drew Nicholson Director: ____ 2980 E. Collseum Blvd, Ste 100 Ft Wayne, IN 46805 Director: ___ B. OFFICERS Craig Litchin President: ___ 1901 Camino Vida Roble, Ste 204 Address: _ Carlsbad, CA 92008 Vice President: ____ John Low Secretary: 1901 Camíno Vida Robie Suite 204, Carlsbad, CA 92008 Address: _ John Low Treasurer: _ 1901 Camino Vida Robie Suite 204, Carisbad, CA 92008 NOTE: If necessary, you pay 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 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.

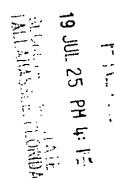
13. <u>Craig Litchin, President</u>

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

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SOLUTIONS THRU SOFTWARE INC., as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/25/2003, and is in good standing in this state.



Certificate Number: B2019071985884

You may verify this certificate online at http://www.nysos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/19/2019.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State