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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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BEPARTMENT OF STATE

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SECHEDARY OF STATE
FALLAHASSEE FLORIDA

21, July



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2013

FLORIDA FILING & SEARCH SERVICES INC

SUBJECT: THIRD SKY, INC. Ref. Number: W13000007469

SUFFICIENCY OF FILMG

MOTARCESCO CO ROSSAN LYSS AS REAL STORE

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

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of 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) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 113A00002997

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/6/13

NAME:

THIRD SKY, INC

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Certificate of Status &

Certified Copy

COVER LETTER New Filing Section TO: **Division of Corporations** Third Sky, Inc. Name of corporation - must include suffix Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: LEANA GUZMAN Name of Person REGISTERED AGENT SOLUTIONS, INC. Firm/Company 1701 Directors Blvd., Suite 300 Address Austin, TX 78744 City/State and Zip code clientservices@rasi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (888-705-7274 LEANA Guzman Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** New Filing Section New Filing Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, **\$70.00**. Filing Fee □ \$78.75 Filing Fee &

Certified Copy

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.

| 1. Inira Sky, | | | | | |
|-----------------------|--|------------------|---|-------------|--------|
| | oration; must include "INCORPORATE ," "Inc," "Co," or "Corp.") | ED," "CC | MPANY," "CORPORATION," | | |
| _ | | | | | |
| - | | | | | |
| (If name unavailable | in Florida, enter alternate corporate na | | ed for the purpose of transacting business in | Florida) | |
| _{2.} DE | | _{3.} 01 | -0609510 | | |
| (State or country und | ler the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 4. March 4, 2 | 002 | 5. | Perpetu | | |
| (Date of | incorporation) | (Du | ration: Year corp. will cease to exist or "pe | rpetual") | |
| 6. Upon quali | fication | | • | | |
| | (Date first transacted busines | | | | |
| 0004 Dl | (SEE SECTIONS 607.1501 & 60 | | , | | |
| 7.2601 Bland | ing Ave., Ste C362 Ala | | a, CA 94501 | | |
| | (Principal office | • | | | |
| 2601 Blandi | ng Ave., Ste C362 Alan | neda, | CA 94501 | | |
| | (Current mailing | address) | | <u>72,5</u> | 13 F |
| IT' again ith | na and training | | | 59 | G |
| · | ng and training | | | | ١. |
| (Purpose(s) o | f corporation authorized in home state o | r country | to be carried out in state of Florida) | SHE C | ص ص |
| 9. Name and street a | ddress of Florida registered agent: (| (P.O. Bo | x <u>NOT</u> acceptable). | ∷ PLS | |
| NImman | Registered Agent Solutions, I | | | 용목 | 9: 08 |
| Name: | And action of the College A | · | we are the | 무대 | 98 |
| Office Address: | 155 Office Plaza Dr., Suite A | ١ | : . | | |
| | Tallahassee | | , Florida | | |
| - | (City) | | (Zip code) | | |
| | | | | | |

10. 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)

11. 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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| 12. Names and business addresses of officers and/or directors: | | |
|---|---------------|----------------|
| A. DIRECTORS | | |
| Chairman: | | |
| Address: | | <u>·</u> |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | <u> </u> |
| Director: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| B. OFFICERS President: Joshua Barrow | | |
| Address: 2601 Blanding Ave., Ste C362 Alameda, CA 94501 | • | |
| | SEC | ယ |
| Vice President: Reginald Lo | | 55 |
| Address: 2601 Blanding Ave., Ste C362 Alameda, CA 94501 | SE SE | <u> </u> |
| | H C | - j |
| Secretary: | | 80 : |
| Address: | | ·., |
| Treasurer: | | |
| Address: | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and | or directors. | |
| 13/ | | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S. Reginald Lo | | |

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

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "THIRD SKY, 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 SIXTH DAY OF FEBRUARY,

A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THIRD SKY, INC." WAS INCORPORATED ON THE FOURTH DAY OF MARCH, A.D. 2002.

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

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

SECHETANY OF STATE

3497943 8300

130135272

Jeffrey W. Bullock, Secretary of State

AUTHENTXCATION: 0195593

DATE: 02-06-13

Life W. D. H. J. Country of Civit

You may verify this certificate online at corp. delaware.gov/authver.shtml