

TRANSMITTAL LETTER

| To: | Qualification/Ta Division of Con | | | | |
|--|--|---|---|---|--|
| SUBJ | ECT: | Omni-1 | Totoco,Inc. | | |
| | | (Name of corporat | tion - must include suffix) | | |
| Dear : | Sir or Madam: | | | | |
| "Certi | | on by Foreign Corporation for, and check are submitted to lorida. | | | |
| Please | return all corresp | ondence concerning this mat | ter to the following: | | |
| | | Frank L. | Toto DD | 0003262100 5 05/22/0001121007 | |
| | | (Name | of Person) | *****87.50 *****87.50 | |
| Omni-Totoco,Inc. | | | | | |
| | | | Company) | - | |
| | | 746 Mus | ago Run | | |
| | | (Ad | idress) | _ | |
| | | Lake Ma | nv FI 32746-2207 | ZZ 8 | |
| | | (City/S | ary, FL 32746-2207 state/Zip) | | |
| Should you need to call someone concerning this matter, please call: | | | | | |
| | Frank L. | Toto at (407 | 7) 688-4561 | | |
| | (Name of Perso | · · · · · · · · · · · · · · · · · · · | a Code & Daytime Telephor | me Number) ∰ ∴ ∴ | |
| STRE | ET ADDRESS: | | MAILING ADDRESS: | : 4nt 5/25 | |
| Divisi 409 E | fication/Tax Lien S on of Corporation Gaines St. lassee, FL 32399 | | Qualification/Tax Lien S Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclo | sed is a check for t | the following amount: | | | |
| 3 \$7 | 0.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | \$87.50 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. Omni-Totoco, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) Delaware (State or country under the law of which it is incorporated) 5. Perpetual

(Duration: Year corp. will cease to existor "perpetual") April 10, 2000 N/A
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 746 Musago Run Lake Mary, Florida 32746-2207 (Current mailing address) Importer / Exporter / Distributor (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Frank L. Toto many second دي Office Address: ្មា 746 Musago Run 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.

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

| A. DIREC | TORS (Street address only - P.O. Box NOT acceptable) | |
|--------------|--|---------------------------------------|
| Chairman: | | |
| Address: _ | | |
| | | |
| Vice Chairr | nan; | |
| Address: | | |
| | | |
| Director: | | |
| | | |
| Audiess: _ | | |
| _ | | |
| | | |
| Address: _ | | |
| B. OFFIC | ERS (Street address only - P.O. Box NOT acceptable) | <u> </u> |
| | Frank L. Toto | |
| _ | 746 Musago Pup | |
| Address | Lake Mary, FL 32746-2207 | 2 2 5 |
| - - | | |
| | ent: | #5 W |
| Address: | | 프롤큐 성 |
| _ | | |
| Secretary: _ | | |
| Address: _ | | · · · · · · · · · · · · · · · · · · · |
| _ | | |
| Treasurer: _ | | |
| Address: _ | | |
| _ | | |
| NOTE: If | necessary, you may attach an addendum to the application listing additional officers and/o | or directors. |
| 13. | Ful I Fin | |
| | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap | plication) |
| 14 | Frank L. Toto; President | |
| | (Typed or printed name and capacity of person signing application | 1) |

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OMNI-TOTOCO, 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 MAY,
A.D. 2000.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0442938

DATE:

05-17-00

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