FOI OCOCO 5976 TRANSMITTAL LETTER

Division of Corporations			
Division of Corporations			
SUBJECT: Ked Hill Sy	stems, I	nc.	
	on - must include suffix)		
Dear Sir or Madam:			
boar bir of iviation.			
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.			
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Please return all correspondence concerning this matte	rtot 60000 4 67	8226 8	
Please return all correspondence concerning this matter	-11/14/UI- ******70.0	u1032008 10 *****70.00	-
(Name o	f Person)		-
Kedttill Syster	ns		
/ (Firm/Co	* **		
PMB 270 318	Indian Hace		
(Add			
Weston, FL 3	3326		
(City/State	and Zip code)		. •
For further information concerning this matter, please	call:		
Oliver F. McDong ldt (959) (Name of Person) (Area	()217-774	2	
(Name of Person) (Area	Code & Daytime Telephone l	Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	01 NOV 14 PK SECRETARY OF: FALLAHASSEE, F	
Tallahassee, FL 32399	Tallahassee, FL 32314	22.5 11.5 11.5 11.5 11.5 11.5 11.5 11.5	_
Enclosed is a check for the following amount:		PN II: 54 - STATE FLORIDA	1.1
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ Certified Copy	\$87.50 Filing Fee, Certificate of Status Certified Copy	4 Mul. &

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. Red Hill Systems, 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.)
2. De la wase. (State or country under the law of which it is incorporated) 3. 65-1107458 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 10, 2001 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607, 1501, 607, 1502 and 817.155, F.S.)
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 318 Indian Isace, Weston FL 33326 (Principal office address)
(Principal office address)
318 Indian Trace Pmb270, Weston FL33326 (Current mailing address)
· · · · · · · · · · · · · · · · · · ·
8. Conscilling. (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) Name: Oliver F. M. Donald.
Office Address: 1305 St. Fropez Civ #2008
Office Address: 1305 St. Fropez Civ #2008 Weston, FL 33326, Florida 33326 (City) Registered agent's acceptance:
10. Acquired agent 5 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.
Miran F. M. Lonald.
(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.

12. Names and business addresses of officers and/or directors:

Chairman:		- McDonal	C/ ++ > 0 = 0	
Address:	1005 51	· Moset	Civ #2008	
·	Weston	, FL 3332	06	- <u> </u>
Vice Chairman:		2000	<u> </u>	3E 1 2 2 2
Address:				
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Director:	7. kg		·	n a marin de
Address:			18-21-	
	,			
Director:				
Address:			<u> </u>	·
Address.	- 1. 22 Table 1			<u></u>
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B. OFFICER	s OI +	- 116	<i>[]</i>	
President:	Oliver F	Mona	ld	on wear Magazine to the state of the state
Address:	1305 St.	hopez (iv # 2008	•
	Westo,	· · · · ·	3326	
	 			
Vice President:				O1 SEC
				<u>_</u>
Vice President:				O1 NOV 11 SECRETARY SALIAHASSI
Address:				NOV 14 PI
Address:				<u>_</u>
Address:				NOV 14 PI
Address: Secretary: Address:				NOV 14 PI
Address:				NOV 14 PI
Secretary: Address: Address: Address:		No.		FILED NOV 14 PN 11: 54 ONETARY OF STATE LIAHASSEE, FLORIDA
Address: Secretary: Address: Address: NOTE: If nece		No.		FILED NOV 14 PN 11: 54 ONETARY OF STATE LIAHASSEE, FLORIDA
Secretary: Address: Address: Address:	esşary, you may attach an ad	Idendum to the application	on listing additional officers	RETARY OF STATE AND SEE, FLORIDA and/or directors.

State of Delaware

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RED HILL SYSTEMS, 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 FIFTH DAY OF NOVEMBER, A.D. 2001.

O1 NOV 14 PN 11: 54
SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1426809

DATE: 11-05-01

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