F10000003231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

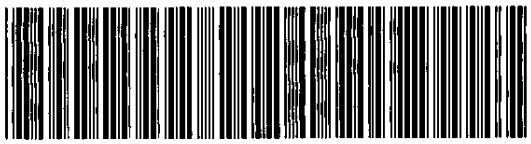
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200183093672

07/15/10--01030--003 **70.00

FILED
10 JUL 15 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MR
7/20

Robert S. Hayes, P.A.
Attorney at Law
441 WEST VINE STREET
KISSIMMEE FLORIDA 34741
(407) 933-4005
FAX (407) 933-8782

ROBERT S. HAYES

July 14, 2010

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: METAPEX, INC.

Dear Sir or Madam:

Enclosed are the original and one copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida. The check for $70.00 is enclosed.

Thank you for your attention to this matter.

Sincerely,

Robert S. Hayes

RSH/kk

Enclosures

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. METAPEX, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WYOMING
(State or country under the law of which it is incorporated)

3. 27-2450240
(FEI number, if applicable)

4. 4/21/2010
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2255 REEFVIEW LOOP, APOPKA, FL 32712
(Principal office address)

2255 REEFVIEW LOOP, APOPKA, FL 32712
(Current mailing address)

8. ANY AND ALL BUSINESS
(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 NOT acceptable)

Name: ROBERT SAEMIAN

Office Address: 2255 REEFVIEW LOOP

APOPKA (City), Florida 32712 (Zip code)

FILED
10 JUL 15 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

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

FILED
10 JUL 15 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: ROBERT SAEMIAN

Address: 2255 REEFVIEW LOOP, APOPKA, FL 32712

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ROBERT SAEMIAN

Address: 2255 REEFVIEW LOOP, APOPKA, FL 32712

Vice President: _____

Address: _____

Secretary: _____

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 listed in number 12 of the application)

14. ROBERT SAEMIAN
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

FILED

10 JUL 15 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

MetaPex, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **April 21, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000583474**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of July, 2010 at 8:51 AM. This certificate is assigned 007925322.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.