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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO:	New Filing Se Division of C			
SUB	JECT: WIRE II	NTEGRATION TECHNOLOG	SY, INC.	
			ntion - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Exister	ation by Foreign Corporation ace," or "Certificate of Good ign corporation to transact bu	Standing" and check are sub	
Please	return all corre	spondence concerning this ma	atter to the following:	
Robe	rto H. Saeki			
		Name	e of Person	
Wire I	Integration Tech	nology, Inc.		
		Firm/	Company	
2332	Galiano Street,	Suite 103		
		A	ddress	
Coral	Gables, FL 331	34		
		City/Sta	te and Zip code	
robert	osaeki@gmail.c		100	
		E-mail address: (to be us	sed for future annual report r	notification)
For fu	rther information	n concerning this matter, plea	ase call:	
Rober	to H. Saeki	at (305	728-7112	
	Name of Pers	· · · · · · · · · · · · · · · · · · ·	rea Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		New Filing Se Division of Co P.O. Box 632	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	sed is a check fo	r the following amount:		
3 \$70	0.00 Filing Fee	Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☑ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. WIRE INTEG	RATION TECHNOLOGY, INC.		
	corporation; must include "INCORPORATED,' Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)
2. DELAWARE,	USA 3.		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. JUNE 23, 201	5.	PERPETUAL	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist	st or "perpetual")
6			
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
	•		
_{7.} 2332 GALIANC	STREET SUITE 103, CORAL GABLES, F (Principal office addr		
	` '	•	
2332 GALIANO	O STREET SUITE 103, CORAL GABLES, F (Current mailing addr		700
	(Current maning addi	css)	
SALE OF ELE	CTRICAL MATERIAL (MAINLY CABLES)		AHASS
· —————	s) of corporation authorized in home state or co	untry to be carried out in state of Florida	1 1 1 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Name and stre	et address of Florida registered agent: (P.O	. Box NOT acceptable)	PH E
Name:	ROBERTO H. SAEKI		
Office Address:	2332 GALIANO STREET SUITE 103	<u></u>	
	CORAL GABLES	, Florida <u>33134</u>	

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)

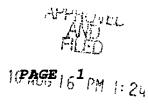
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: N/A Vice Chairman: N/A Address: Director: ROBERTO H. SAEKI Address: 733 SANTANDER AVE. CORAL GABLES, FL 33134 Director: _____ Address: **B. OFFICERS** President: Address: ____ Vice President: Address: Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Rebut (Signature of Director or Officer listed in number 12 of the application)

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

14. ROBERTO H. SAEKI

Delaware PAGE 161 PM 1:24



The First State

SECRETARY OF STATE TALLAHASSEE FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "WIRE INTEGRATION TECHNOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-THIRD DAY OF JUNE, A.D. 2010, AT 10:34 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "WIRE INTEGRATION TECHNOLOGY, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4839852 8310

100797096

Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 8150855

DATE: 08-03-10

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