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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
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COVER LETTER

	New Filing Secti Division of Corp					
SUBJE	CT:	FZ06LZTY Name of	Se corporat	CULFO ion - must inc	OGPOSZE lude suffix	7 Copp.
Dear Sir	or Madam:					
"Certific	ate of Existence		f Good S	standing" and	check are sub	et Business in Florida," mitted to register the
Please re	eturn all correspo	ondence concerning	g this ma	tter to the foll	owing:	
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For furth	ner information c	oncerning this mat	tter, plea	se call:		
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]	STREET/COUI New Filing Secti Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	oorations Center Circle	:]]	MAILING A New Filing Se Division of Co P.O. Box 632' Fallahassee, F	ection orporations 7
Enclosed	d is a check for t	he following amou	nt:			
□ ^{\$70}	0.00 Filing Fee	\$78.75 Filing Certificate of	Fee & Status	\$78.75 F Certified	iling Fee & 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. Tellity Secured Deposit Corporation or (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
(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. Calchina 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)
<u> </u>
4
4. Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. <u>Corporation has not transacted business in Florida.</u> If corporation has not transacted business in Florida, insert "upon qualification.")
(CEE CECTIONS 607 1501 607 1502 and 817 155 F C)
7. Rialto Place Melbourse, FL 32901 (Principal office address)
(Current mailing address)
(Current mailing address)
8. Found Sevices (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: David Spinell, - Eddity Secres Deposit Experition Office Address: 1 Realto Place 774 from Melbourne, Florida 32901 (City) (City) (Zip code)
Office Address: 1 Rialto Place 774 from .
melbourne, Florida 3290/
(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.
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)
(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: Stan NVmm
Chairman: Star Norman Address: 7444 E. Chapman Av HD
0 Myr, 07 92869
Vice Chairman: Michael Fisher
Address:Sume as where
Director: Chris Eg. 10
Address: Same as abore
Co. 11
Director: 621/16 N Gi
Address: Same as chive
B. OFFICERS
President: Stan Norman Address: Saml as about
Address: 5aml as about
Vice President: Chris Egle
Address: Same as about
Secretary: Michael Fisher
Address: SAMI as above
Treasurer Michael Fisher
Address: Same as about,
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
\mathcal{W}
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14(Typed or printed name and capacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FIDELITY SECURED DEPOSIT CORPORATION

FILE NUMBER: C3292329 FORMATION DATE:

TYPE:

03/30/2010 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State-of California this day of January 03. 2011.

> **DEBRA BOWEN Secretary of State**