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COVER LETTER

TO: New Filing S Division of C		,		
SUBJECT: CO	BRA TECHNOLOGIES	CORPORA	TION	
	Name of corp	ooration - must i	nclude suffix	
Dear Sir or Madam:				
"Certificate of Existe	cation by Foreign Corporat nce," or "Certificate of Goe eign corporation to transact	od Standing" an	id check are submi	
Please return all corre	espondence concerning this	s matter to the fe	ollowing:	
Amber Ragland				
	Ni	ame of Person		
Incorp Services,	Inc.			
	Fir	m/Company		
2360 Corporate (Circle, Suite 400	•		
Henderson, NV 8	39074-7722	Address		
1	City/	State and Zip c		
accounting@cobr				
	E-mail address: (to be	e used for future	e annual report not	ification)
For further information	on concerning this matter, p	olease call:		
Amber Ragland for In	corp Services, Inc. at (7	702 ₁ 866	-2500	
Name of Per			Daytime Telephon	e Number
		•		•
New Filing S Division of C Clifton Build 2661 Executi Tallahassee,	orporations ing ve Center Circle		MAILING ADI New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations
Enclosed is a check for	or the following amount:			
\$70.00 Filing Fe	e \$78.75 Filing Fee & Certificate of Statu	& \$78.75	Filing Fee & ed 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. COBRATE	CHNOLOGIES CORPORATION					_
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"			
inc., Co., C	orp, line, Co, or Corp.)					
COBRA TEC	CORPORATION					
	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busi	ness in F	lorida)	-
2. Georgia		3.	26-4584750			
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4. 03/23/2	.009	5.	Perpetual		<u> </u>	_
. (Ďate	of incorporation)		(Duration: Year corp. will cease to exist of	or "perpe	etual")	
6. Upon regist	ration					_
			Florida, if prior to registration) 02, F.S., to determine penalty liability)			
_{7.} 4806 Wrigh	at Drive, Bldg C, Smyrna, GA	۱3	0082			
	(Principal office	addr	ess)			_
Same as al	bove					
	(Current mailing	addr	ress)			_
8. Manufactu	ring of Sewer Inspection Ed	qui	pment			_
(Purpose(s) of corporation authorized in home state o	r co	untry to be carried out in state of Florida)	Z	_	
9. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	ECA	1 NOV -7	II E
Name:	Incorp Services, Inc.		<u></u>	ASS	V -7	Esterior
Office Address:	17888 67th Court North			Y OF	PH	
	Loxahatchee		, Florida 33470	NO J.	01:1	
	(City)		(Zip code)	E M	Ö	
10 D!-41						

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.

Amber Ragland on behalf of Incorp Services, Inc.

(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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	SS.
President: Alan Grant	
Address: 4806 Wright Drive, Bldg C	R 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Smyrna, GA 30082	RIDA TE A
CEO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Address: 4806 Wright Drive, Bldg C	
Smyrna, GA 30082	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: Hencessary, you may attach an addendum to the application listin	ng additional officers and/or directors.
Signature of Director or Office The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a do third degree felony as provided for in s.817.155, F.S.	12 above) affirms that the facts stated herein

14. Alan Grant, President

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

Control No. 09020921

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

COBRA TECHNOLOGIES CORPORATION

Domestic Profit Corporation

was formed or was authorized to transact business on 03/23/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 20th day of October, 2011

B: P.h.

Brian P. Kemp Secretary of State

Certification Number: 7790165-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp