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(Re	questor's Name)	<u>·</u>				
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
Douglas	Ziegler BY PHONE TO	QAME				
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Office Use Only



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COVER LETTER

TO:	O: New Filing Section Division of Corporations								
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Dear S	ir or Mad	am:							
"Certi	ficate of E	xistence	," or "Certific	cate of Good		check are su	nsact Business in Florida," submitted to register the		
Please	return all	corresp			natter to the fol				
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				Nam	e of Person			_	
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For fu	rther infor	mation (concerning th	is matter, ple	ease call:				
Do	16LAS		iek	at (3×) 833	-8504	phone Number		
	Name o	f Persor	l	A	Area Code & D	aytim e Telep	phone Number		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	ed is a ch	eck for t	he following	amount:					
X	, 70.00 Fili	ng Fee	S78.75 F Certifica	iling Fee & ate of Status	\$78.75 F Certifie	Filing Fee & d Copy	\$87.50 Filing Fee Certificate of Sta Certified Copy		
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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. LETROREP INTERNATIONAL LTO. 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. NEW JERSEY
3. 22-3378739

(State or country under the law of which it is incorporated)
4. \[\int \sigma - 25 - 1995 \]
(Date of incorporation)

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 21 EmmA LANE JACKSON NJ 08/27

(Principal office address)

Po Box 1085 JACKSON NJ 08/27

(Current mailing address) (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) DONATO QUAGLIATO Name: 11077 LONG BOAT DAINE

COOPER CITY , Florida 33026

(City) (Zip code) Office Address: 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.

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		
A. DIRECTORS	12 JAN 23 PM 12: 36		
Chairman:	SECRET: PH 12: 36		
Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: DONATO QUAGLATO			
Address: 21 Emma LANE			
Tarkend all 08527			
Vice President:			
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listin			
13	g additional officers and/or directors.		
Signature of Director or Officer			
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 doc	12 above) affirms that the facts stated herein current to the Department of State constitutes a		
third degree felony as provided for in s.817.155, F.S.			
(Typed or printed name and capacity of person sign	ning application)		
(1) beg of brunea name and cabacity of beison sign	ung appucauouj		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

FILED

12 JAN 23 PH 12: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PETROREP INTERNATIONAL LTD.

0100627944

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 24, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Donato Quagliato Po Box 1085 Jackson, NJ 08527 1085



Certification# 122770119

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of January, 2012



Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp