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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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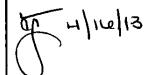


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FILED SECRETARY OF STATE IVISION OF CORPORATIONS



COVER LETTER

	Xtend M	obile Services, Inc.		
SUBJECT:		on - must include suffix		
	Name of corporati	on - mast merade sarrix		
Dear Sir or Madam:				
"Certificate of Existence,	on by Foreign Corporation for or "Certificate of Good Story Corporation to transact busing the corporation for the corporation	tanding" and check are sub-		
Please return all correspo	ondence concerning this mat	ter to the following:		
	Kali R	eeves		
	Name o	of Person		
	Lance J.M. S	teinhart, P.C.		
	Firm/Co	• •		
		oncourse, Ste. 150		
		dress		
	Alpharetta,			
	•	and Zip code		
		astekteam.com	otification)	
	·	·	ominoum,	
For further information co	oncerning this matter, pleas	e call:		
ali Reeves	at (770	232-9200		
Name of Person		a Code & Daytime Telepho	one Number	_
				APR
New Filing Section Division of Corportion Building 2661 Executive Corportion Section 1988	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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		15 PH 2: 19	
Enclosed is a check for the	ne following amount:			
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified 0	of Status

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.

Xtend Mobile S	Services, Inc.				
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ΈD	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business	in Floric	la)
Wyoming		3.	46-0990697		
(State or country under the law of which it is incorporated)		_ 5.	(FEI number, if applicable)		
February 27, 20	13	5.	perpetual		
(Date of incorporation)			(Duration: Year corp. will cease to exist or "perpetual")		
04/01/2013					
. 1 1			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
109 E. 17th St., 5	(SEE SECTIONS 607.1301 & 60 Ste. 4330, Cheyenne, WY 82001) / . 1	502, F.S., to determine penalty hability)		
	(Principal office	add	ress)		_
109 E. 17th St., S	Ste. 4330, Cheyenne, WY 82001				
	(Current mailing	ado	ress)		
	munications services.				
(Purpose(s	s) of corporation authorized in home state of	or c	ountry to be carried out in state of Florida)	3 APR	SIO
Name and stree	et address of Florida registered agent: ((P.C	D. Box NOT acceptable)	χ̈́ I 5	- Z
Name:	Incorp Services, Inc.				00
	17888 67th Court North	•		PH :	RP0
ffice Address:				2:	RAT
	Loxahatchee		, Florida	9	NOI
	(City)		(Zip code)		S

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 Rayland for 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: FILED SECRETARY OF STATE A. DIRECTORS DIVISION OF CORPORATIONS Michael Solomon Chairman: 13 APR 15 PM 2: 19 109 E. 17th St., Ste. 4330, Cheyenne, Wyoming 82001 Address: ____ Address: Address: B. OFFICERS Michael Solomon President: ____ 109 E. 17th St., Ste. 4330, Cheyenne, Wyoming 82001 Address: _____ Vice President: Address: Michael Solomon Secretary: Address: _____ 109 E. 17th St., Ste. 4330, Cheyenne, Wyoming 82001 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Michael Solomon President (Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State



United States of America. State of Wyoming

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

Xtend Mobile Services, Inc. is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on February 27, 2013, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2013-000638792.

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 6th day of March, 2013 at 8:46 AM.

By Rosalie



Secretary of State

Rosalie Gonzales