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Page 1 of 1

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000141240 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

Bnter the email address for this business entity to be used for future= annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION **ELEMENT 7X, INC.**

| Certificate of Status | 1 |
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6/21/2013 12:55:34 From: To: 8506176381

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6/21/2013 11:22:53 AM PAGE 1/001 Fax Server



June 21, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ELMET 7X, INC.

REF: W13000035963

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H13000141240 Letter Number: 713A00015615

RE-SUBMIT
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| | | COVE | ER LETTER | ATX1 | |
|-------------|--|--|--|--|-----|
| TO: | New Filing Sec Division of Cor | | | | |
| SUBJ | ECT: Elmet 7X. | | corporation - must include sur | ffix | - |
| Dear S | ir or Madam: | | _ | | |
| "Certific | cate of Existence | | or Authorization to Transact E anding" and check are submi Isinees in Fiorida. | | |
| Please | return all corres | pondence concerning this m | natter to the following: | | |
| Oliverio | Lew | | | | _ |
| | | Nan | ne of Person | | • |
| Elmet 7 | X, Inc. | | | | - |
| | | | m/Company | • | |
| 2711 C | enterville Road, Şı | | Address | | - |
| 1A 6 hoim o | 100 NE 10000 | • | | | |
| Additions | iton, DE 19808 | City/Sta | ite and Zip code | ħĒO. | • - |
| olivertok | ew@gmail.com | | | | |
| | | E-mail address: (to be used | for future annual report notifi | calion) | • |
| For furt | iher information (| concerning this matter, pleas | se call: | | (|
| | | | | <u>, 19</u> | 10. |
| Oliverio | Lew | at | (305) 423-5980 | CRISTA | ÷ |
| | Name of | Person | Area Code & Daylims Tel | ephone Number 9m | ö |
| | New Filin Division o Clifton B 2861 Ext | COURIER ADDRESS; Ig Section of Corporations uilding ecutive Center Circle see, FL 32301 | MAILING A New Filing 8 Division of 0 P.O. Box 63 Tallahasses | Section Corporations 927 | 1 |
| Enclos | ed is a check for | the following amount: | | | |
| \$70 | .00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy | |

Elmet 7X, Inc.

20-8910084

ATXI

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. Elmet 7X, Inc. | | | | | |
|---|---|-----------------------------|--|--|--------------|
| (Enter name of | corporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | *COMF | PANY," "CORPORATION," | ······································ | - |
| (if name unavail | able in Florida, enter alternate corporate name | adopte | ed for the purpose of transacting business in P | lorida) | |
| 2. <u>DE</u> | | 3. | 20-8910084 | | |
| (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| 4 | 3/20/2007 | 5 | | | |
| | (Date of incorporation) | | (Duration: Year corp. will bease to exist or | "perpetua | i T) |
| в. <u> </u> | | 3/9/2012 | | | |
| , | | | iorida, if prior to registration) F.S., to determine penalty liability) | • | |
| 7. 2711 Centerville | Road, Suite 400, Wilmington, DE 19808 | | | · | |
| | (Principal | l office (| address) | | |
| 1170 Kene Con | course Suite 200, Bay Harbor Island, Ft. 33154 | 4 | | | |
| | (Current) | | address) | | |
| R. Bantalil essina t | angible personal property | | | | |
| | (Purpose(s) of corporation authorized in home | state o | r country to be carried out in state of Florida) | | |
| 9. Name and stre | et address of Florida registered agent: (P. | .O. Box | NOI acceptable) | | |
| Name: | Oliverio Lew | | | | 0 |
| Office Address: | 1170 Kane Concourse Suite 500 | | - | 553 14. | 10: OI |
| • | Bay Harbor Island | | , Florida33154 | SH. | 9 |
| | (City) | | (Zip code) | | C) |
| Having been nan place designated capacity. I furthe | igent's acceptance; ned as registered agent and to accept s i in this application, I hereby accept the r agree to comply with the provisions o my duties, and I am familier with end ac | e appo of all si | intment as registered agent and agree tatutes relative to the proper and comp | to act in plete | this |
| | (Registered spenils signature | - 10 | | | |

11. Attached is a certificate of existence duty 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.

| Elme | t7%; Inc. | 20-8910084 | .AŤXÍ |
|-------------------|--|---|--|
| 12. Nam | es and husiness addresses of officers and/or directors: | | .4441 |
| A. DIRE | OTORS | | |
| Chalman: | : | | |
| Address | | <u> </u> | |
| • • | | | 7.1 |
| Vice Chall | man: | | |
| Address: | | | |
| , | | | |
| Directors | Joshua biliacki | · · · · · · · · · · · · · · · · · · · | <u></u> |
| | NO Kane Compuese - Suite 300 | | |
| - | Bay Harkor Islands FL 33154 | | |
| Director: | | | , (1) |
| Address: | | | |
| Virian app. | | | y a più prili anno dia mondigarasa n T |
| B OFF | 4200 | | |
| B. OFF | | | 20 J |
| Presidenti | | | |
| Address: | | · · · · · · · · · · · · · · · · · · · | |
| | Sant Sant Sant Sant Sant Sant Sant Sant | | |
| Vice Presi | ion: Olivenia Lew | | |
| Address: | The second secon | | RRA T |
| | Boy Harbor Islands, FABRISH | | - 0, |
| Secretary: | And the second s | | |
| Address | | | |
| Treasures | <u> Caranta de Caranta d</u> | | · |
| Address: | | | |
| NOTE: If: | necessary, you may eltech an addendum to the application listing : | additional officers and/or directo | f s |
| 13 | | | |
| are true a | Signature of Director of Co r or director signing this document (and who is listed in number 12 nd that he of she is aware that talse information submitted in a doc as felony as provided for in \$.817.155, P.S. | abové) affirms that the facts sta | le consilitytes a |
| :1 ⁻¹⁹ | Tuned as addled as missing something from | الممالفة العمالة ما الممالة ما الممالة ما المالة ما المالة ما المالة ما المالة ما المالة ما المالة ما | |

Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELMET 7X, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

STUE SELOF STATE

5116239 8300

130797147

You may vorify this cortificate anlia at corp.delaware.gov/authvar.shtml Jaffrey W. Bullock, Secretary of State

DATE: 06-20-13