Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: spetrossov@smart-jets.com

FOREIGN PROFIT/NONPROFIT CORPORATION SplendX Inc.

Certificate of Status	1
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VISION OF CORPORATIONS

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SECRETARY OLISTATE DIVISION OF CORPURATIONS

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO THE 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.

. SplendX	Inc.		
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate n	ame .	adopted for the purpose of transacting business in Florida)
, Delaware	}	3.	
(State or country of	under the law of which it is incorporated)		(FEI number, if applicable)
, 07-23-13		5.	PERPETUAL
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
5			
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ess ir 07.15	n Florida, if prior to registration) i02, F.S., to determine penalty liability)
. 980 N Fed	deral Hwy, Suite 230, B		• • • • • • • • • • • • • • • • • • • •
/. <u></u>	(Principal office		
980 N Fed	leral Hwy, Suite 230, Boo	ca	Raton, FL 33432
	(Current mailing	add	rcss)
payment	processing		
		or co	untry to be carried out in state of Florida)
9. Name and stree	t address of Florida registered agent:	(P.C	D. Box NOT acceptable)
Name:	Karine Frangulyan		-
Office Address:	980 N Federal Hwy,	Sui	te 230
	Boca Raton		Florida 33432
	(City)		, Florida 33432 (Zip code)
Having been nam designated in this further agree to co	application, I hereby accept the app	ointi ites i	. ice of process for the above stated corporation at the place of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity relative to the proper and complete performance of my f my position as registered agent.
	MC.		

(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.

SECRETARY OF STAFE DI VISION OF CORPORATIONS

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12. Names and business addresses of officers and/or directors:

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<u>ا</u> :2	neces	sary	, you may a	ittach an a	ddendum t	o the a	pplication	n listing ad	ditio	nal officers and/or directors.
_(- 6A6223A	BCOAE			Signature	of Dir	ector or	Officer	···	
e an	d that	he o		ire that fal	ent (and wi se informa	10 is lis tion su	sted in n	umber 12 a) affirms that the facts stated hereiothe Department of State constitut
Ser	gey	Pe	trossov					son signing		

DIVISION OF CORPORATIONS

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SPLENDX 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 FIRST DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPLENDX INC."
WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5371967 8300

130944071

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 0632231

3110M: 0032231

DATE: 08-01-13