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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section Division of Corporations
subject: Tenmile Inc
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
LEE FLEMING
Name of Person
TENMILE INC.
Firm/Company
5312 S. CRESCENT DR
Address
TAMPA FL 33611
City/State and Zip code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for tuture annual report notification)
For further information concerning this matter, please call:
Name of Person at (303) 748-7875 Area Code & Daytime Telephone 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
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & Certificate of Status \$\Boxed{\sigma}\$ \$78.75 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 BEGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
TENMILE INCEDIMENTE INC. TENMILE SUMMIT INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ine." "Co.," or "Corp,")
me Co., Corp. me. Co. or Corp.)
TENMICE SUMMET INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/11/2010 5. PERAETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. IZB MALLARD LANE TRISCO LO 80445
5312 S. CRESCENT DRIVE TAMPAR 33611
(Current mailing address)
8. RESELER OF NUTRITIONAL SUPPLEMENTS
(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)
Name: LEE FLEMING
Office Address:
TAMPA . Florida 33611
(City) (Zip code) $\stackrel{\leftarrow}{\longrightarrow}$
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.
(100 Llm K Com
(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: FLEMING Address: _____ Director: Address: _____ **B. OFFICERS** President: _____ Address: Vice President: Secretary: Address: ___ Treasurer: Address: _____ NOTE: If necessary, you may at ach an added dum 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. HNN KEMING

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

__ - ---___ _ - - - -

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I. Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Tenmile, Inc.

is a **Corporation** formed or registered on 03/11/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101149009.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/05/2014 that have been posted, and by documents delivered to this office electronically through 02/07/2014 @ 08:43:51.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/07/2014 @ 08:43:51 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8758056.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/bc/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."