## F14000001915

(Re	questor's Name)	<u> </u>
(Ad	ldress)	
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•	,	
(Cit	ty/State/Zip/Phone	<del></del>
•	•	•
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	New Filing Secti Division of Corp					
CHID	•		=C	H CORP		
SOR	JECT:			- must include suffix		
Dear S	Sir or Madam:	-				
"Certi	ficate of Existence,	on by Foreign Corporation " or "Certificate of Good! corporation to transact bu	Stan	ding" and check are sub		
Please	return all correspo	ndence concerning this ma	itter	to the following:		
		Karin	R	ohret		
		Name	of F	erson		
	Co	mprehensive B	usi	ness Service	Inc	
		Firm/C	Comp	pany		
		11125 Park Blv	d.	STE 104-225		
		Ac	ldre	SS		
		Semino	le	FI 33772		
-		City/Sta	te an	d Zip code		
			_	yahoo.de		
		E-mail address: (to be us	ed fo	or future annual report i	notificat	ion)
For fu	rther information c	oncerning this matter, plea	se c	all:		
Kar	in Rohret	<sub>at (</sub> 727	ī	, 643-7802		
	Name of Person			ode & Daytime Teleph	one Nun	nber
Enclo	New Filing Section Division of Corporation Building 2661 Executive Callahassee, FL	orations Center Circle		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporatio	ons
		■ \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	C	7.50 Filing Fee, ertificate of Status & ertified 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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(11 maine unavan	able in Florida, enter alternat	e corporate name add	opted for the purpose of transacting busines	s in Florida	a)
	WARE	3	46-5145215		
•	under the law of which it is in	• ,	(FEI number, if applicable)		
03/19			PERPETUAL		<u>~~</u> ,
(Date	e of incorporation)	(L	Duration: Year corp. will cease to exist or	"perpetnal"	) NOISIA
			orida, if prior to registration) , F.S., to determine penalty liability)	<u>-</u>	- <del>1</del> 20-
3637 - 4T	•		BURG FL 337.0.4	<b>*</b>	
		rincipal office address		34:	
3637 - 4T	H STREET N ST	PETERSBU	JRG FL 337 <i>0.</i> 4	74	
	(Cu	arrent mailing address	8)		
			DUCINICO		
	ANY AND A	LL LAWFU	L BOSINESS		
(Purpose(s			ry to be carried out in state of Florida)	·	
		n home state or count	ry to be carried out in state of Florida)		
Name and stree	s) of corporation authorized in	n home state or count tered agent: (P.O. I	rry to be carried out in state of Florida)  Box NOT acceptable)		
	s) of corporation authorized in et address of Florida regist	n home state or count tered agent: (P.O. I SINESS SERVICE IN	rry to be carried out in state of Florida)  Box NOT acceptable)		
Name and street	s) of corporation authorized in et address of Florida regist COMPREHENSIVE BUS	n home state or count tered agent: (P.O. I SINESS SERVICE IN	rry to be carried out in state of Florida)  Box NOT acceptable)		

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.

(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: SAED TALARI Address: 3637 - 4TH STREET N ST PETERSBURG FL 33704 Vice Chairman: Address: Address: **B. OFFICERS** President: SAED TALARI Address: 3637 - 4TH STREET N ST PETERSBURG FL 33704 VICE PRESIDENT BILL SHORT 3637-4TH STREET N ST PETERS BURG FL 33704 Vice President: CAMERON COX Address: 3637 - 4TH STREET N ST PETERSBURG FL 33704 Secretary: KARIN ROHRET 3637 - 4TH STREET N ST PETERSBURG FL 33704 Treasurer: KARIN ROHRET 3637 - 4TH STREET N ST PETERSBURG FL 33704 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. 14. KARIN ROHRET Treasurer

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



PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEMPTECH CORP" 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 TWENTY-FIFTH DAY OF APRIL, A.D.

2014.

5501691 8300

140522659

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1322712

DATE: 04-25-14

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