# P14000003784

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
_		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	





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SEURLIARY OF STATE

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
ADVDENTING	
SUBJECT:	ation - must include suffix
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," Standing" and check are submitted to register the asiness in Florida.
Please return all correspondence concerning this m	atter to the following:
SUZANNE B. HALL	
ARKREN INC	e of Person
Firm/	Company
6278 NORTH FEDERAL HIGH	IWAY, #430
	ddress
FT. LAUDERDALE, FL 33308	
•	ate and Zip code
ADMIN@ARKREN.COM	sed for future annual report notification)
,	·
For further information concerning this matter, plea	ase call:
SUZANNE B. HALL 31,775	832-1036
Name of Person A	rea 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	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certified Copy 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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	ARKREN	INC		<u> </u>					
		poration; must include "INCORPORATED, p," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	CRETARY (					
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)								
2.	NEVADA	3.	46-3691687	98 171 2: <b>1</b>					
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	DE 7					
4.	9-19-2013	5.	PERPETUAL						
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "p	erpetual")					
6.	N/A								
		(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)						
7	6278 NOR	TH FEDERAL HWY, #430	, FT. LAUDERDALE, FL 333	308					
		(Principal office add	lress)						
	SAME AS A	ABOVE							
		(Current mailing add	lress)						
8.	Name and street  Name:	address of Florida registered agent: (P. Corporation Services Comp	<del></del> •						
Of	fice Address:	1201 Hays Street							
		Tallahassee	, Florida 32301						
		(City)	(Zip code)						

#### 9. 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.

(Registered agent's signature)

10. 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. DIR	ECTORS			
Chairmar	1:			
Address:		Do	<u> </u>	
		LA HOLE	٥	~~~ <u></u>
Vice Cha	irman:	IAS.	N 26	j
		Y 01 S	PM 12:	1
Director:	David Batrick	ORIDA	±2	
Address:	Apartado 0816-00386			
	Panamá, República de Panamá		<del></del>	
Director:				
Address:				
B. OFF	ICERS			
President	David Batrick	<u></u>		
Address:	Apartado 0816-00386		_	
	Panamá, República de Panamá	<del></del>		
Vice Pres	sident:	·	<u> </u>	
Address:		<u>.</u>		
Secretary	. Chelsea Block			
Address:	P.O. Box 6957 Lake Tahoe, NV 89449			
Treasure	David Batrick	<del></del>		
Address:	Apartado 0816-00386, Panamá, República de Panamá			
	If necessary, you may attach an addendum to the application listing additional officers and/or	director	s.	
are true	Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms that the fa and that he or she is aware that false information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S.	cts state	d here onstitu	in tes a
14. <u>Ch</u>	elsea Block, Assistant Secretary  (Typed or printed name and capacity of person signing application)			
	(Typed of printed name and capacity of person signing appreadon)			





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ARKREN INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 19, 2013, and is in good standing in this state.

STAL OF THE OWNER OWNER OF THE OWNER OWNE

ROSS MILLER

office on June 24, 2014.

Electronic Certificate
Certificate Number: C20140624-0285
You may verify this electronic certificate
online at http://www.nvsos.gov/

ROSS MILLER Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my