

**F14000003771**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000210113 3)))



H140002101133ABCN

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP -8 AM 11: 27

FILED

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

**Email Address:** \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP -8 AM 10: 49

FILED

**FOREIGN PROFIT/NONPROFIT CORPORATION  
SOLVIRA TECHNOLOGY SOLUTIONS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

*09/09/14*

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

# 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. Solvira Technology Solutions Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 46-4476903  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 6, 2014 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 481 North Service Road W, Unit A-39, Oakville, Ontario L6M 2V6

(Principal office address)

P. O. Box 195337, Winter Springs, Florida 32708

(Current mailing address)

8. Any lawful act or activity for which corporations may be organized under the General Corporation Law  
(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: Devrim Erkin Karaman

Office Address: 215 Heatherwood Court

Winter Springs, Florida 32708  
(City) (Zip code)

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.*

By: 

(Registered agent's signature) Devrim Erkin Karaman

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 STATE  
TALLAHASSEE, FLORIDA

14 SEP -8 AM 11:27

FILED

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Devrim Erkin Karaman

Address: P. O. Box 195337, Winter Springs, Florida 32708

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Devrim Erkin Karaman

Address: P. O. Box 195337, Winter Springs, Florida 32708

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Devrim Erkin Karaman

Address: P. O. Box 195337, Winter Springs, Florida 32708

Treasurer: Devrim Erkin Karaman

Address: P. O. Box 195337, Winter Springs, Florida 32708

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
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. Devrim Erkin Karaman, President

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

74 SEP -8 AM 11:27  
SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01/11/01 BY 1043

FILED

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLVIRA TECHNOLOGY SOLUTIONS 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 FIFTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLVIRA TECHNOLOGY SOLUTIONS INC." WAS INCORPORATED ON THE SIXTH DAY OF JANUARY, A.D. 2014.

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

FILED  
14 SEP -8 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5459704 8300

141147032

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1674373

DATE: 09-05-14