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Office Use Only



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CORPORATION SERVICE COMPANY

ACCOUNT	NO.	:	12000000019	5

REFERENCE : 304297 7773398

AUTHORIZATION :

COST LIMIT :

ORDER DATE: September 19, 2014

ORDER TIME : 12:59 PM

ORDER NO. : 304297-005

CUSTOMER NO: 7773398

FOREIGN FILINGS

NAME: UNIPRO INC

XXXX	OUALTE	ICATION	(TYPE:	CO)
4747474 7		TCTTUI	11150.	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: () DI DTO IN	C.		
	on - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the		
Please return all correspondence concerning this matt	er to the following:		
Name o	f Person		
Corporation Firm/Co	Service Company		
1,201 Hays	Street		
Tallahassee Florid	a 32301		
Meaa	and Zip code Catican for future annual report notification)		
For further information concerning this matter, please	call:		
Name of Person at (SOC)	Ode & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
New Filing Section Division of Corporations	New Filing Section Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
Tallahassee, FL 32301	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$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. (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) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Florida (City) 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

(Registered agent's signature)

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

Corporation Service Company

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.

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

A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS	基络 本	
President: Mathew Lozecki	SE SE	*
Address: 15 Commercial Parkway	0	
Santa Rosa Beach, FL 3	32459 E	1
Vice President:		·.
Address:	Σ	
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary you may attach an addendum to the application listing	additional officers and/or directors.	
12.		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 1)	2 above) affirms that the facts stated herei	n
are true and that he or she is aware that false information submitted in a doc		
a third degree felony as provided for in s.817.155, F.S. 13. Mathew Lozer W. Fresider	· -	
(Typed or printed name and capacity of person sign)	NI (ng application)	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "UNIPRO, 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 NINETEENTH DAY OF SEPTEMBER, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIPRO, INC."

WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D.

2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

14 SEP 19 AM 8: 34
SECRETARION STATE

4877369 8300

141199908

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 1713524

DATE: 09-19-14

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