Florida Department of State

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FOREIGN PROFIT/NONPROFIT CORPORATION ALTITUDE FUEL INC.

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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. Altitude Fuel Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (if name unavailable in Florida, outer alternate corporate name adopted for the purpose of transacting business in Florida) **NEW YORK** 46-1819235 (State or country under the law of which it is incorporated) (FBI number, if applicable) 01/16/2013 PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1110 SOUTH AVENUE - SUITE 75, STATEN ISLAND, NY 10314 (Principal office address) 1110 SOUTH AVENUE - SUITE 75, STATEN ISLAND, NY 10314 (Current mailing address) 8. Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (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 bereby 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. Sandra Stewart C T Corporation System Assistant Secretary (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.

11. Names and business addresses of officers and/or directors:	•
A. DIRECTORS	
Chairman: MARK SHUPELT	
Address: 357 TUSCANY VALLEY N.W.	,,,,
CALGARY, AB T3L2L1	
Vice Chairman:	
Address	
Directors	
Address:	
Director:	
Address;	<u> </u>
B. OFFICERS President: MARK SHUFELT	
Address: 357 TUSCANY VALLEY N.W.	
CALGARY, AB T3L2L1	15 TAL
Vice President:	ARC S
Address:	
Secretary: JOSHUA S. HOPKOVITZ	
Address: 17 GADSEN PLACE - APT 2G, STATEN ISLAND, NY 10314	ZIO.
Treasuror:	
Address:	
NOTE: If necessary, you may attach an addendian to the application listing additional office	cers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S.	s that the facts stated herein partment of State constitutes
13. JOSHUA S. HOPKOVITZ - SECRETARY	
(Typed or printed name and capacity of person signing application)	-

State of New York Department of State ss

I hereby certify, that the Certificate of Incorporation of ALTITUDE FUEL INC. was filed on 01/16/2013, under the name of ALTITUDE FUELS INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment ALTITUDE FUELS INC., changing its name to ALTITUDE FUEL INC., was filed 02/14/2013.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of January two thousand and fifteen.

Anthony Giardina
Executive Deputy Secretary of State

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