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SECRETARY OF STATE ALLAHASSEF, FLORIDA

FEB 1 8 2015 S. GILBERT

COVER LETTER

TO: New Filing Section Division of Corporation	orations		
SUBJECT: (-R)T	REAN COUPON	tion - must include suffix	
- 	Name of corpora	tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,	• • •	for Authorization to Transa Standing" and check are sub siness in Florida.	
Please return all correspo	ndence concerning this m	atter to the following:	
	Meurae 1/2	4BTE	
	1 161111	01 1 015011	
	ERI IREAN	1 Corporation	
	Firm/	Company'	
8175 p	erry SC SpokA	Company Me Wit 99202 ddress A 97202 tte and Zip code YAMOO COM sed for future annual report i	
,	/ / A	ddress	
	SOOKANE W	A 99202	
**************************************	City/Sta	te and Zip code	
	MEWAYAH M) 4AMOO. 18M	
	E-mail address: (to be us	sed for future annual report i	notification)
	oncerning this matter, plea		
newael	MABTE at (2	06 <u>9413863</u> rea Code & Daytime Teleph	
Name of Person	A	rea Code & Daytime Teleph	one Number
STREET/COUR	NIER ADDRESS:	MAILING A	DDRESS:
New Filing Section New Filing Section			
Division of Corpe Clifton Building	orations	Division of Corporations P.O. Box 6327	
2661 Executive C Tallahassee, FL		Tallahassee, F	
Enclosed is a check for th	ne following amount:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

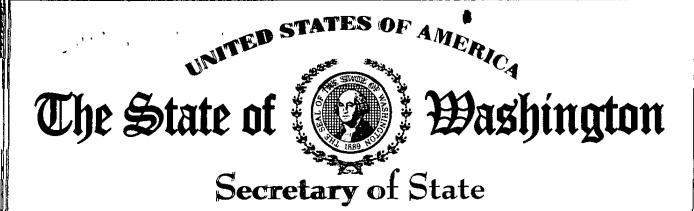
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FORI	SITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO SIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. SATIRETAN (OF DOVICTION) Corration; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCORPORATED," "COMPANY," "CORPORATION," p," "Inc," "Co," or "Corp.")
(If name unavailab	e in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>WASHING</u>	inder the law of which it is incorporated) 3. 800176 555 (FEI number, if applicable)
	•
4. <u>4/30/</u>	Fincorporation) 5. No Nuration (Duration: Year corp. will cease to exist or "perpetual")
(Date o	O3/01/15 (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. 817-5	perry St Spokene WA 99202 (Principal office address)
	·
3407	Current mailing address) = 1
	(Current mailing address)
8. Name and street	address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Ephyem Kiflu SSE W
Office Address:	Sogo Atlantic blud Apt # A72 Jai & Son ville , Florida 32211
	$ \int \frac{d^2 x}{dx} \frac{1}{2} \int \frac{dx}{dx} dx = \frac{32211}{2} $ (City) (City) (City) (City) (City)
designated in this a further agree to cor	
	Efrem RifLu
	(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 outsiness addresses of officers and of directors.
A. DIRECTORS
Chairman: Mewael MABTE
Address: 817 S percy St
Address: 817 S percy St Spokkane WA 99,202
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Mewall MARTE
Address: 817 5 perry-St
President: Mewaed MABTE Address: 817 S perry St Spokene WA 99202
Vice President:
Address:
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 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.8½7.155, F.S.
13. Mewall MARTE PRESIDENT/ Chairman

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



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ERITREAN CORPORATION

TFURTHER CERTIFY that the records on file in this office show that the above named Profit

Corporation was formed under the laws of the State of WA and was issued a Certificate Of

Incorporation in Washington on 4/30/2012.

I FURTHER CERTIFY that as of the date of this certificate, ERITREAN CORPORATION numerous active and has complied with the filing requirements of this office.

Date: November 24, 2014

UBI: 603-202-881



Given under mry band and the Seal of the State of Washington at Olympia, the State Capital

Kirm Wymun, Secretary of State