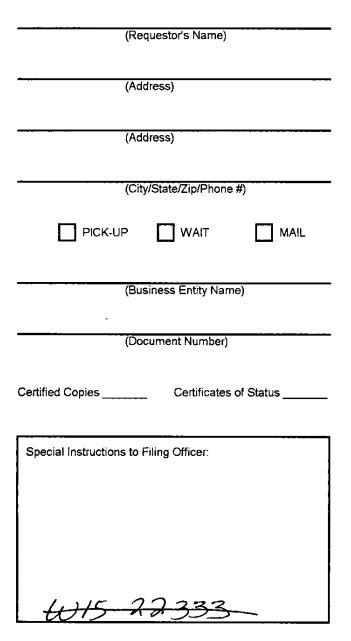
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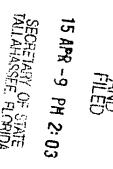


Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corpo | | | |
|--|--|--|---|
| SUBJECT: GINIA | Inc. | | |
| SUBJECT: | | ion - must include suffix | · |
| Dear Sir or Madam: | | | |
| - · | or "Certificate of Good S | for Authorization to Transa Standing" and check are sub siness in Florida. | |
| Please return all correspor | ndence concerning this ma | tter to the following: | |
| Steven Lee | | | |
| | Name | of Person | |
| GINIA, Inc. | | | |
| | Firm/C | ompany | |
| 5500 Cherokee | Ave., Suite 22 | 0 | |
| | Ad | ldress | |
| Alexandria, VA | 22312 | | |
| | | e and Zip code | |
| inchonlee@hotm | ail.com | | |
| | E-mail address: (to be use | ed for future annual report i | notification) |
| For further information co | ncerning this matter, pleas | se call: | |
| Steven Lee | at (703 | 933-3443 | |
| Name of Person | Are | ea Code & Daytime Teleph | one Number |
| STREET/COURING New Filing Section Division of Corpor Clifton Building 2661 Executive Country Tallahassee, FL 3 | n rations enter Circle | MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F | ection orporations |
| Enclosed is a check for the | 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2015

STEVEN LEE 5500 CHEROKEE AVE., SUITE 220 ALEXANDRIA, VA 22312

SUBJECT: GINIA, INC.

Ref. Number: W15000022333

We have received your document for GINIA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain both the street address of the principal office and the mailing address of the entity.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 815A00006383

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.

| | orporation; must include "INCORPORATED," "Coorp," "Inc," "Co," or "Corp.") | OMPANY," "CORPORATION," | |
|-------------------------------------|---|---|----------------------|
| | | | |
| (If name unavail | able in Florida, enter alternate corporate name adop | ted for the purpose of transacting b | usiness in Florida) |
| | Virginia 3 | 46-0467978 | 3 |
| State or country | under the law of which it is incorporated) | (FEI number, if applical | ble) |
| March 8, | | | , |
| (Date | of incorporation) (Du | ration: Year corp. will cease to ex | ist or "perpetual") |
| January | 1, 2015 | | |
| | | | |
| | (Principal office address) erokee Ave. Suite 220, Alexan (Principal office address) (Current mailing address) | · | 22312 |
| | (Principal office address) erokee Ave. Suite 220, (Current mailing address) | · | 22312 |
| 5500 Cl | (Principal office address) erokee Ave. Suite 220, (Current mailing address) | Alexandria, VA | a) 🕸 🕏 |
| Compute (Purpose(s | (Principal office address) erokee Ave. Suite 220, (Current mailing address) | Alexandria, VA | SECOLE TAILAH |
| Compute (Purpose(s | (Principal office address) erokee Ave. Suite 220, (Current mailing address) r) of corporation authorized in home state or country | Alexandria, VA | SECRETATIVE SAPR - 9 |
| Compute (Purpose(s | (Principal office address) erokee Ave. Suite 220, (Current mailing address) r of corporation authorized in home state or country et address of Florida registered agent: (P.O. Bo | Alexandria, VA to be carried out in state of Florida ox NOT acceptable) | SECRETATIVE SAPR - 9 |
| Compute (Purpose(s) Name and street | (Principal office address) erokee Ave. Suite 220, (Current mailing address) (Current mailing address) of corporation authorized in home state or country et address of Florida registered agent: (P.O. Book REGISTERED AGENTS INC. 3030 N. Rocky Point Dr, STE 150A | Alexandria, VA to be carried out in state of Florida ox NOT acceptable) | SECOLE TAILAH |

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.

Bel Hame

Bill Havre - President

(Registered agent's signature)

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.

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



| A. | D | IR | E | \mathbf{C}' | T | O | R | S |
|----|---|----|---|---------------|---|---|---|---|
| | | | | | | | | |

| Steven Lee | 12 ML # -3 PM 5: 03 |
|--|---|
| ess: 8932 Purple Lilac Circle, Lorton, VA 22079 | SECRETARY OF STATE FALLAHASSEE, FLORIDA |
| Chairman: | |
| ess: | |
| or: | |
| ss: | |
| tor: | |
| | |
| | |
| OFFICERS | |
| FFICERS Steven Lee | |
| Steven Lee 8932 Purple Lilac Circle, Lorton, VA 22079 | |
| OFFICERS dent: Steven Lee 8932 Purple Lilac Circle, Lorton, VA 22079 President: | |
| OFFICERS dent: Steven Lee 8932 Purple Lilac Circle, Lorton, VA 22079 President: | |
| OFFICERS dent: Steven Lee 8932 Purple Lilac Circle, Lorton, VA 22079 President: | |
| OFFICERS ident: Steven Lee 8932 Purple Lilac Circle, Lorton, VA 22079 | |

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. Steven Lee, CEO/President

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

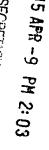
That GINIA, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is March 8, 2002;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.







Signed and Sealed at Richmond on this Date: March 10, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1503105698