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#### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Arcamax Publishing Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Roudlau
Name of Person
Arcamax Publishing Inc
Firm/Company
729 Thimble Shoals Blud #113
Address
Newport News, VA 23606
City/State and Zip code
roy 1940 me. Com mit chell @ arcamax. Com  E-mail address: (to be) used for future annual report notification)
For further information concerning this matter, please call:
POYJOY at (757) 500-8335  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  MAILING ADDRESS:  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUB- REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORI	
1 Arcamax Publishing Inc.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ं ज
, co, co, c. co, c. co, ,	
	<u> </u>
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business of transacting	ness in Florida)
2. VIRGINIA 3. 30-1084455	
(State or country under the law of which it is incorporated) (FE) number, if applicabella (State or country under the law of which it is incorporated)	ble) 晉 32
4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist	or "nemetual")
6 May 1, 2015	o. papada ,
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	E1 27010
7. WOOD TOP (G V II RIGHT OF ROUTE ) OF INTICIONAL (Principal office address)	,12 Jeo17
5055 Latrobe Drive Windermere F1 3478	3(0)
(Current mailing address)	<del>2 9</del>
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: TOY Jay	
Office Address: 5055 Latrobe Drive	
Windermere Florida 34786	
(City) (Zip code)	
9. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corp	poration at the place
designated in this application, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all stations relative to the proper and complete per	uct in this capacity.  I formance of my
duties, and I am familiar with and accept the obligations of my position as registered agent.	
(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: 404 JJQL	المبلية		
Address: 5055 Latrobe Drive			
Windermere, FL 34786			
Vice Chairman:	3. <u>3.</u> 10.		
Address:	7.4 <b>5</b>		
	(E) N		
Director:			
•			
Director:			
Address:	· · · · · · · · · · · · · · · · · · ·		
B. OFFICERS  President: HOU JAU	t		
Address: 5055 Latrobe Drive Windermere, FL 34786			
Vice President:	· · · · · · · · · · · · · · · · · · ·		
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/or directors.		
12. Signature of Director of Officer			
Signature of Director of Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Departme a third degree felony as provided for in s.817.155, F.S.  13.			
(Typed or printed name and capacity of person signing application)			

## Commonwealth of Hirginia



### State Corporation Commission

CERTIFICATE OF GOOD STANDING

### I Certify the Following from the Records of the Commission:

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

That the date of its incorporation is June 4, 2004;

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: April 23, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

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