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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Bobkat LOGISTICS Inc		
Name of corporation - must include suffix	-	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to re above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Daren A Teles		
Name of Person		
Bobkat Logistics Inc		
Firm/Company		
14545 J Military Trail #190	L,	
Address		
14545 J Military Trail #193 Address Delray Beach FL 33484 City/State and Zip code		
City/State and Zip code		
E-mail address: (To be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (56) 501-5703 Area Code & Daytime Telephone Number		
Name of Person	ŕ	
STREET/COURIER ADDRESS: MAILING ADDRESS:		
New Filing Section New Filing Section Division of Comparations		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certif	Filing Fee, icate of Status & ied Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUREGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLOR		01	
1. Bobbat Logistics, Inc.	7.1		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	in .	-9 Pit	Company of the Compan
DJJ Associates	三年	2:49	. "
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting bu	siness in I	Florida)	
2. New Jersey (State or country under the law of which it is incorporated) 3. 23-3834790 (FEI number, if applica	ble)		
4. 10/5/2001 5. Perpetual	,		
(Date of incorporation) (Duration: Year corp. will cease to exis	t or "perp	etual")	
6			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			-210
7. 7645 Leeungton Club Blud apt B, Delvan	Bec	ch, f	L 3344
(Principal office address)	ر . هم	. ch	FL
7. 7645 Leeunston Club Blud apt B. Delvar (Principal office address) (Currend mailing address)	33	484	. – !
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			
Name: Haven A Telepo			
Office Address: 76 45 Leekington Club Blud Apt B Del vay Beach, Florida 33446 (City) (Zip code)			
Del ray Beach, Florida 33446			
(City) (Zip code)			
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated codesignated in this application, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relative to the proper and complete poduties, and I am familiar with and accept the obligations of my position as registered agent.	act in t	his capa	city. I
Dan Filey			

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.

(Registered agent's signature)

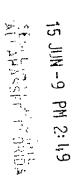
11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: __ Address: Director: Address: ___ Director: ___ Address: **B. OFFICERS** President: Address: ___ Vice President: Address: Secretary: Address: __ Treasurer: Address: ____ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Haven

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

BOBKAT LOGISTICS, INC.

0100861922



I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 5, 2001.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Karen Telep 2435 Hwy 34, Suite B Mail Station 174 Manasquan, NJ 08736

THE CIPELATOR OF LEASE AND A SOLUTION OF THE CIPELATOR OF

Certification# 136544034

IN TESTIMONY WIIEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of June, 2015

Andrew P Sidamon-Eristoff State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR StandingCert/JSP/Verify Cert.jsp