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CRETARY OF STATE

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COVER LETTER

| TO: | Registration Sec Division of Con | | | | | |
|---|-------------------------------------|--|---------------------------------------|--|--|--|
| CHRI | MPEX BUSINESS SOLUTIONS CORP. | | | | | |
| SUDO | ECI | Name of corporation | n - must include suffix | | | |
| Dear S | Sir or Madam: | | | | | |
| "Certi | ficate of Existence | on by Foreign Corporation foe," or "Certificate of Good State corporation to transact busing | inding" and check are sub | | | |
| Please | return all corresp | ondence concerning this matte | er to the following: | | | |
| | | VINCENT ALLARD, F | PRESIDENT | | | |
| | | Name o | | | | |
| | | CORPOMAX IN | C. | | | |
| | | Firm/Co | mpany | | | |
| | | PO BOX 926 | 6 | | | |
| | | Add | ress | | | |
| | | NEWARK, DE 197 | 14-9266 | | | |
| | | City/State INFO@CORPOMA | and Zip code AX.COM | | | |
| | | E-mail address: (to be used | for future annual report | notification) | | |
| For fu | rther information | concerning this matter, please | call: | | | |
| VINC | ENT ALLARD | 302 at (| 266-8200 | | | |
| | Name of Person | | de Daytime Telep | hone Number | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | |
| Enclo | sed is a check for | the following amount: | | | | |
| □ \$7 | 0.00 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

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. MPEX BUSINESS SOLUTIONS CORP. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) **DELAWARE** (State or country under the law of which it is incorporated) (FEI number, if applicable) JULY 31, 2015 PERPETUAL (Date of incorporation) (Date of duration, if other than perpetual) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI SERVICES, INC. Name: 1200 SOUTH PINE ISLAND ROAD Office Address: **PLANTATION** Florida (City) 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 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.

> Joy Schroeder Assistant Secretary

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:

| CTORS STEPHANE RANCOURT | | | | | | |
|--|--|--|---|--|--|--|
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| STEPHANE RANCOURT | ······································ | | | | | |
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| STEPHANE RANCOURT | | | | | | |
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| 10150 INCHEAND MANOR DR, # 200, 1 AMPA, PE 55010-9712 | ************************************** | | | | | |
| If necessary, you may attach an addendum to the application listing additional off | icers and/o | r directo | ors. | | | |
| Signature of Director or Officer | ···· | | | | | |
| nd that he or she is aware that false information submitted in a document to the D | ns that the tepartment | acts sta of State | ted herein constitutes | | | |
| STEPHANE RANCOURT, PRESIDENT | | | ١, | | | |
| | STEPHANE RANCOURT O150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT O150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 CERS STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 dent: STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 If necessary, you may attach an addendum to the application listing additional off Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the D gree felony as provided for in s.817.155, F.S. STEPHANE RANCOURT, PRESIDENT | STEPHANE RANCOURT CERS STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 CERS STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 CERS STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT 10150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 The cersoary, you may attach an addendum to the application listing additional officers and/or Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the fund that he or she is aware that false information submitted in a document to the Department of the provided for in s.317.155, F.S. | STEPHANE RANCOURT O150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT O150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 CERS STEPHANE RANCOURT O150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT O150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT O150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT O150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 STEPHANE RANCOURT O150 HIGHLAND MANOR DR, # 200, TAMPA, FL 33610-9712 If necessary, you may attach an addendum to the application listing additional officers and/or director signing this document (and who is listed in number 11 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of State gree felony as provided for in s. 817.155; F. S. STEPHANE RANCOURT, PRESIDENT | | | |

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MPEX BUSINESS SOLUTIONS CORP." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF

JULY, A.D. 2015.

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AUTHENTICATION: 2608361

DATE: 07-31-15

You may verify this certificate online at corp.delaware.gov/authver.shtml