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## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Optimus-Prime 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:				
Michelle Keaton				
Name of Person				
Firm/Company				
117 Royal Park Drive 4F				
Address				
117 Royal Park Drive 4F  Address  Oakland Park, FL 33309				
City/State and Zip code				
jamshe 1910 P a Dl. som				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michelle Keaton at (770) 765-3442  Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
一般 <b>は</b>				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
New Filing Section New Filing Section				
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327				
000115 - 4' 00 4 00' 1				
Tallaharraa El 22301				
Tanianassee, FL 52501				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$87.50 Filing Fee, Certificate of Status & Certificate of Status &				

Certified Copy



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2015

MICHELLE KEATON 117 ROYAL PARK DRIVE 4F OAKLAND PARK, FL 33309

SUBJECT: OPTIMUS - PRIME INC Ref. Number: W15000021200

We have received your document for OPTIMUS - PRIME INC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document; please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 315A00006072

15 SEP -4 PH 3 07

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

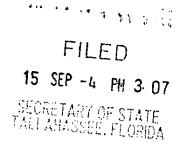
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 3. \_\_\_\_ (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: , Florida 5 55 C 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 poligations of my position as registered agent.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	FILED		
A. DIRECTORS		buen buen	
Chairman:	15 SEP -4		
Address:	SECRETARY FALLAHASSE	Or STATE <del>E, FLORD</del> A	
Vice Chairman:			
Address:			
Director:			
Address:		<del>.</del>	
Director:			
Address:			
Address: 117 Roya (Park Drive 4F		<u>.</u>	
Vice President:	·	<del></del>	
Address:		<u></u>	
Secretary:		· · · · · · · · · · · · · · · · · · ·	
Address:		<del></del>	
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or director	·s.	
13. While Lee			
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the Dep a third degree felony as provided for in s.817.155, F.S.  14. (Typed or printed name and capacity of person signing application)			





## Department of Commerce and Consumer Affairs

#### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

OPTIMUS-PRIME, INC.

was incorporated under the laws of Hawaii on 12/08/2011; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: February 03, 2015

Catanit. Owali Calm

Director of Commerce and Consumer Affairs