F15000005085

(Requestor's Name)					
(Add	dress)				
(Add	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
W15-72	378				

Office Use Only



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November 3, 2015

DAVID CHAFFIN 11200 W 93RD STREET OVERLAND PARK, KS 66214

SUBJECT: WIRELESS LIFESTYLE, INC

Ref. Number: W15000072378

We have received your document for WIRELESS LIFESTYLE, 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 document must contain both the street address of the principal office and the mailing address of the entity.

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.

Please return your document, along with a copy of this letter, within 60-days on your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00023220

COVER LETTER

	Registration Section Division of Corporations			
	Wireless Lifestyle, Inc			
SUBJE		ne of corporation -	must include suffix	
Dear Sir	r or Madam:			
"Certific		cate of Good Stand	Authorization to Transact Business in Flori ling" and check are submitted to register the s in Florida.	
Please ro David C	eturn all correspondence conc haffin	erning this matter t	to the following:	
		Name of P	erson	
Wireless	s Lifestyle, Inc			
		Firm/Comp	any	
11200 W	V 93rd Street			
Overland	d Park, KS 66214	Addres	S	
		City/State and	d Zip code	
david.ch	affin@wlexpress.com		TAS	^ 2
	E-mail add	ress: (to be used fo	or future annual report notification)	015
For furth	her information concerning thi	s matter, please ca	HASS.	NOV 1
David C	haffin	913 at (599-1920	
	Name of Person	Area Code	Daytime Telephone Number	\mathbf{D}
	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclose	d is a check for the following	amount:		
□ \$70.0	00 Filing Fee \$78.75 F Certifica	iling Fee & ite of Status	\$78.75 Filing Fee & S87.50 Filing Certified Copy Certificate of Certified Cor	Status &

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," orp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATIO	,,,vo
(If name unavaila	ible in Florida, enter alternate corporate name a	adopted for the purpose of transact	ing business in Florida)
Kansas	3	48-1238085	
12/18/2000		(FEI number, if applicable)	
·	of incorporation) 5.	(Date of duration, if other	er than perpetual)
	Atlantic Ave Suite (o) De (Principo) J. 93rd Street Overland (Current mailine et address of Florida registered agent: (P.C.)		33446 7AL
Name:	C T Corporation System		S NOV
Office Address:	1200 South Pine Island Road		1 - 4 King
	Plantation	33324 , Florida	
	(City)	(Zip code)	SE N
laving been nam lesignated in this urther agree to c	ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appoints omply with the provisions of all statutes refamiliar with and accept the obligations of CT Corporation Sys	ment as registered agent and a relative to the proper and comp f my position as registered ago	gree to act in this capac plete performance of my
	Nieble Chair	mont	

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: Address: Vice Chairman: __ Address: Igor Kushnir Director: 11200 W 93rd Street Address: Overland Park, KS 66214 Paul Kushnir Director: 11200 W 93rd Street Address: Overland Park, KS 66214 **B. OFFICERS** Igor Kushnir President: 11200 W 93rd Street Address: Overland Park, KS 66214 Vice President: Address: Paul Kushnir Secretary: 11200 W 93rd Street Overland Park KS 66214 Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of director signing this document (and who is listed in number 11 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

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

a third degree felony as provided for in s.817.155, F.S.

13. Paul Kushnir, CEO

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2959062

Entity Name: WIRELESS LIFESTYLE, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: PAUL KUSHNIR

Registered Office: 8333 ANTIOCH ROAD, OVERLAND PARK, KS 66212

was filed in this office on December 18, 2000, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 10, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 727596 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

11/10/20