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CAPITAL CONNECTION, INC.

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MATRAX INC.				
		,	√	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
			<u> </u>	Fictitious Name File
				Trade/Service Mark
				Merger File
			<u> </u>	Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
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COVER LETTER

TO:	Registration Section Division of Corporations Matrax Inc			
SUBJ	IECT:			
JC D		Name of corporation	n - must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Fore ficate of Existence," or "Cert referenced foreign corporation."	ificate of Good Sta	anding" and check are st	
	return all correspondence co Buddemeyer	ncerning this matt	er to the following:	
Matrax	Cinc	Name o	f Person	
11748	Mayfair Field Drive	Firm/Co	mpany	
Luther	ville, MD 21093	Add	ress	
Dbudd	emeyer@matraxinc.com	City/State	and Zip code	
	E-mail a	ddress: (to be used	for future annual repor	t notification)
For fu	rther information concerning	this matter, please	call:	•
David Buddemeyer		443	895-3000	
	Name of Person	at (Area Co	de Daytime Tele	phone Number
	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	•	MAILING Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27
Enclos	sed is a check for the following	ng amount:		
57 (0.00 Filing Fec \$78.75 Certif	Filing Fee & licate 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. Matrax Inc. 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) DE 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) June, 30th 2010 4. (Date of duration, if other than perpetual) (Date of incorporation) б. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11748 Mayfair Field Drive Lutherville MD 21093 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Your Capital Connection, Inc. Name: £. 417 East Virginia Street, Suite 1 Office Address: Tallahassee (City) (Zip code) 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. For Your Capital Connection, Inc. (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. DIREC	rors			
Chairman: _				
			-	
Vice Chairma	un:			
Address:				
				
Director:				
Address:				

Director:		<u>.</u>		
B. OFFICI				
President:	avid Buddemeyer	<u> 1944</u>	ं दें	
Address:	748 Mayfair Field Drive	E		
Lu	therville, MD 21093	10 gr	<u>.</u>	
Vice Presider	Joseph Wright nt:	<u> </u>	- K	1.,,,
Address:	Van Dien Lane		: 20	
Gr	een Pond New Jersey 07438			
Secretary: _				
	necessary, you may attach an addendum to the application listing additional officers and/or	r directo	ors,	
/s/ Davi	d Buddemeyer			
The officer are true and a third degr	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the that he or she is aware that false information submitted in a document to the Department of the following provided for in s.817.155, F.S. Buddemeyer	facts sta of State	ted her constit	ein tutes

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MATRAX, INC." 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 FOURTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATRAX, INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 10548744

Date: 12-04-15

4829177 8300 SR# 20151200826