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(City/State/Zip/Phone #)

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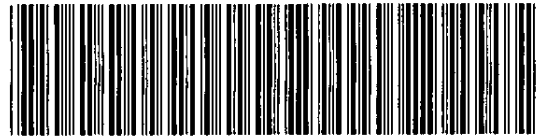
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15 DEC 30 PM 1:48
TALLAHASSEE, FLORIDA

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WIS-79815



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2015

TIM HENTHORN
2312 HARRIER WAY
NOKOMIS, FL 34275 US

SUBJECT: ACCUBASE INC.
Ref. Number: W15000079815

We have received your document for ACCUBASE INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

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

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 915A00025909

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.*

Accubase 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)
Delaware 47-3851806

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4/24/2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
Future

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2312 Harrier Way, Nokomis, FL 34275

7. _____
(Principal office address)

(Current mailing address, if different)

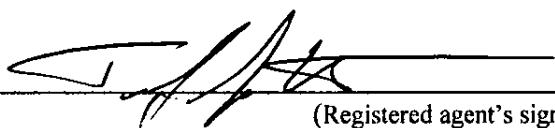
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Tim Henthorn
2312 Harrier Way

Office Address: _____
Nokomis 34275
_____, Florida _____
(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.


(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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Tim Henthorn

Chairman:

2312 Harrier Way, Nokomis, FL 34275

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Tim Henthorn

President:

2312 Harrier Way, Nokomis, FL 34275

Address:

Tim Henthorn

Vice President:

2312 Harrier Way, Nokomis, FL 34275

Address:

Tim Henthorn

Secretary:

2312 Harrier Way, Nokomis, FL 34275

Address:

Tim Henthorn

Treasurer:

2312 Harrier Way, Nokomis, FL 34275

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

Signature of Director or Officer

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

Tim Henthorn, Director

13.

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

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACCUBASE 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2015.



5735626 8300

SR# 20150922169

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10449254

Date: 11-18-15