

F16000000342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

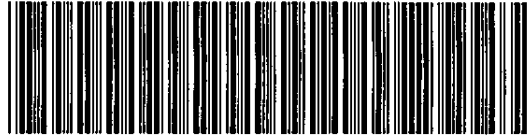
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

16 JAN 19 PM 3:16

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Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations
CONTROL TOWERS INTERNATIONAL INC.

SUBJECT: _____
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:
JESSE FUENG

| | |
|--|-------------------------|
| | Name of Person |
| GREENWOOD, OHLUND & CO., LLP | |
| | Firm/Company |
| 4241 21ST AVE W #400 | |
| | Address |
| SEATTLE, WA 98199 | |
| | City/State and Zip code |
| JESSE@GREENWOODCPA.COM | |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

| | | | |
|----------------|--------------|--------------------------|-------|
| JESSE FUENG | 206 | 782-1767 | |
| _____ | at (_____) | _____ | _____ |
| Name of Person | Area Code | Daytime Telephone Number | |

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 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.

CONTROL TOWERS INTERNATIONAL INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CTI, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
WASHINGTON 37-1761883

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

07/23/2014

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

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
4241 21ST AVE W #400, SEATTLE, WA 98199

7. _____
(Principal office address)

(Current mailing address, if different)

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

DARIJA FARINAS

Name: _____

8290 LAKE DR APT 241

Office Address: _____

DORAL 33166
_____, Florida _____
(City) (Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
16 JAN 19 PM 3:18

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.

DARIJA FARINAS

(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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

TAL HAIMOVICH

President: _____

SNIPWEG 101, 1118 DP, SCHIPHOL ZUID, THE NETHERLANDS

Address: _____

Vice President: _____

Address: _____

TAL HAIMOVICH

Secretary: _____

SNIPWEG 101, 1118 DP, SCHIPHOL ZUID, THE NETHERLANDS

Address: _____

TAL HAIMOVICH

Treasurer: _____

SNIPWEG 101, 1118 DP, SCHIPHOL ZUID, THE NETHERLANDS

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.

TAL HAIMOVICH, PRESIDENT

13. _____

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

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16 JAN 19 PM 3:18
TAL HAIMOVICH, PRESIDENT

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

CONTROL TOWERS INTERNATIONAL INC.

I **FURTHER CERTIFY** that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 7/23/2014.

I **FURTHER CERTIFY** that as of the date of this certificate, CONTROL TOWERS INTERNATIONAL INC. remains active and has complied with the filing requirements of this office.

Date: January 4, 2016

UBI: 603-421-784



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State