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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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Cyintech, Inc.

4489 S Atlantic Ave Ponce Inlet, FL 32127 Phone: 404-403-4967 Email: senior@cyintech.com

To:

Registration Section Division of Corporations PO Box 6327

Tallahassee, FL 32314

Date:

February 27, 2016

Subject: Cyintech Information Solutions, Inc.

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:

Name of Person: Michael W. Senior, President

Firm / Company: Cyintech Information Solutions, Inc.

Address: 4489 S Atlantic Ave

City / State and Zip code: Ponce Inlet FL 32127

E-mail address: (to be used for future annual report notification): senior@cyintech.com

For further information concerning this matter, please call: Michael W. Senior (404) 403 4967

Enclosed is a check for the Filing Fee, Certificate of Status and Certified Copy - \$87.50

Sincerely

Michael W. Senior

President / CEO

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. Cyintech Information Solutions, Inc.			
(Enter name of corporation; must include "INCORPORATE "Corp," "Inc.," "Co," or "Corp.")	D," "COMPANY," "COR	PORATION," "Inc.,"	"Co.,"
2. Delaware	3. 58-2468932		
(State or country under the law of which it is incorporated)		EIN Number)	
4. 14 May, 1999	5. Perpetual		
(Date of Incorporation)		on, if other than per	petual)
6. None			
(Date first transacted business in			
(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine pena	ilty liability)	
7. 4489 S Atlantic Ave Ponce Inlet FL 32127			
(Principal office	address)		
(Current mailing addre	ess, if different)		
•	,		
8. Name and street address of Florida registered agent: (P.O	. Box NOT acceptable)		
Name: Michael W. Senior	, , , , , , , , , , , , , , , , , , , ,		
Office Address: 4489 S Atlantic Ave			
Ponce Inlet	, <u>Florida 32127</u>		<u>ත</u>
(City)		(Zip code)	_
9. Registered agent's acceptance:		1.	20
Having been named as registered agent and to accept ser	vice of process for the a	above stated corpo	ration at
the place designated in this application, I hereby accept the	ne appointment as regis	tered agent and ag	ree to act
in this capacity. I further agree to comply with the provision	ons of all statutes relati	ve to the proper at	2 d
complete performance of my duties, and I am familiar with registered agent.	and accept the obligati	ons of my positio	ıas -
rogistorou ugont.			<u> </u>
		institution C	⊃
lanka			
HIII PO			
(Pegistered agent's	cianatura)		

(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.

A. DIRECTORS

Chairman: Michael W. Senior

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

Director: Magda J. Senior

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

Director: Samuel Kwon

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

B. OFFICERS

President / CEO: Michael W. Senior

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

COO: Samuel Kwon

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

Secretary: Magda J. Senior

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

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

2

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.

13. Michael W. Senior

(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 "CYINTECH, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2016.

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

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

WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1999.

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

The state of the s

Authentication: 201889552

Date: 02-25-16

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