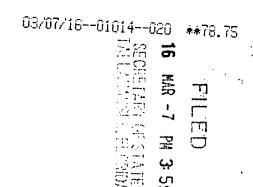
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(Devented Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



600282628186



COVER LETTER

TO:	Registration Section Division of Corpor			·				
SHE	UNITED AR	MOR, INC.						
ооро	EC1	Name of corporati	on -	must include suffix				-
Dear S	Sir or Madam:							
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good September 2015 or poration to transact busing the second sec	and	ling" and check are sub				
Please	return all correspond	lence concerning this mat	ter t	to the following:				
Mohar	ned Sonbol					물 달	5	
Exped	ient Accountants, LLC	Name o	of P	erson				7
		Firm/Co	omp	any		a second		<u> </u>
522 State Route 18							3	-
-		Ad	dres			ا الله الله الله الله الله الله الله ال	<u>بې</u> س	-
East Brunswick, NJ 08816						- 2	Ö	
msonb	ol@expedientaccounta	•	an	d Zip code				-
••		E-mail address: (to be use	d fo	r future annual report i	notification)			-
For fu	rther information con	cerning this matter, pleas	e ca	11:				
Mohar	ned Sonbol	732 at (390-5333				
	Name of Person	Area Co	ode	Daytime Telep	hone Numbe	r		
	STREET/COURING Registration Section Division of Corporn Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle 301		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations			
Enclos	sed is a check for the	following amount:						
□ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy		Filing I cate of led Copy	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.

NEW IERSEY	ole in Florida, enter alternate corporate na	46-5607083	_
NEW JERSEY (State or country)	***************************************	46-5607083	
(State or country		_ J,	
			pplicable)
04/24/2014	of incorporation)	N/A 5.	
(Date o	of incorporation)	(Date of duration, if other	r than perpetual)
03/01/2016			
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liabi	lity)
4300 W. Lake Mar		•	
	y Blvd, Ste 1010-171 Lake Mary FL 327 (Pri	incipal office address)	- Eg 5 -
460 Faraday Ave,	Bldg A Ste 1 Jackson, NJ 08527	,	至 第 五
	(Current m	nailing address, if different)	
Name and street	address of Florida registered agent:	(P.O. Box NOT acceptable)	, i
Name:	Edisson Lozada		第二 5
Name.	4300 W. Lake Mary Blvd, Ste 1010-17		
Tice Address:		·	
	Lake Mary	32746 . Florida	
	(City)	, Florida (Zip code)	

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 Edisson Lozada Chairman: 4300 W. Lake Mary Blvd, Ste 1010-171 Address: Lake Mary, FL 32746 Vice Chairman: Address: __ Address: Director: Address: **B. OFFICERS** Edisson Lozada President: 4300 W. Lake Mary Blvd, Ste 1010-171 Address: Lake Mary, FL 32746 Vice President: Address: ___ Secretary: Address: Treasurer: Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Edisson Lozada (Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

UNITED ARMOR, INC.

0400653815

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 24, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

COMMERCIAL REGISTERED AGENT, LLC 525 ROUTE 73 NORTH SUITE 104 MARLTON, NJ 08053



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of January, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number: 6027054261

Verify this certificate online at

 $https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp$