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NAME:

AUTOMATIC INTERACTIVE CORPORATION

TYPE OF FILING: APPLICATION

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COVER LETTER

TO: Registration Division of C		on			
SUBJECT:	•				
	Name of	corporation	- must include su	ffix	
Dear Sir or Madam:					
"Certificate of Existe	cation by Foreign Corpence," or "Certificate of eign corporation to tran	f Good Star	iding" and check		
Please return all corr Les Kocsis	espondence concerning	this matter	to the following:		
Automatic Interactive	Corporation	Name of	Person		
201 SE 2nd Ave, Suite	2104	Firm/Com	pany	* ***	720
Miami, FL 33131		Addre	SS		JUN 22
les.kocsis@automatice	Orporation.com	City/State a	nd Zip code		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
For further information	E-mail address: (to concerning this matter			eport notificat	
	on concerning this mate				
Les Kocsis	at (619	948-1178		
Name of Per		Area Codo	Daytime	Telephone Nu	mber
Registration S Division of C Clifton Build 2661 Executiv Tallahassee, I	orporations ing ve Center Circle °L 32301		Registra Division P.O. Box	NG ADDRES tion Section of Corporation 6327 see, FL 32314	ns
Enclosed is a check fo ■ \$70.00 Filing Fee	or the following amount \$78.75 Filing Fe Certificate of St	ee &	\$78.75 Filing Fe Certified Copy	Се	7.50 Filing Fee, ertificate of Status & ertified 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. Automatic Interactive Corporation (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) (State or country under the law of which it is incorporated) 4/15/2011 (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 201 SE 2nd Ave, Suite 2104, Miami, FL 33131 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Les Kocsis Name: 201 SE 2nd Avc. Suite 2104 Office Address: Miami 33131 , 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.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Les Kocsis Chairman: 201 SE 2nd Ave, Suite 2104 Address: Miami, FL 33131 Vice Chairman: Address: __ Director: _ Address: __ Director: __ B. OFFICERS Les Kocsis President: 201 SE 2nd Ave, Suite 2104 Address: Miami, FL 33131 Vice President: Address: ___ Secretary: _ Address: Treasurer: Address: NOTE: If necessary, you may apack ap 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. Les Kocsis - President 13.

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

AUTOMATIC INTERACTIVE CORPORATION

FILE NUMBER:

C3374087

FORMATION DATE:

04/15/2011

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

'ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 18, 2016.

ALEX PADILLA Secretary of State