DIVISION OF CORPORATIONS



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FOREIGN PROFIT/NONPROFIT CORPORATION

Codeory Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: Codeor	y Inc.				
OOLGECT,	Name of co	rporation -	must include suffix		
Dear Sir or Madam:	,				
The enclosed "Applica "Certificate of Existen above referenced foreign	tion by Foreign Corpor ca," or "Certificate of (ga corporation to trans	Good Stand	ing" and check are su	act Business in Flor ibmitted to register t	ida," he
Please return all corres	pondence concerning t	his matter (o the following:		
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		Name of P	erson		
	InCo	orp Servic	es, Inc.		
		7im/Comp	_		
	3773 Howard	Hughes F	kwy · Sulte 500s		
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	Las Ve	gas, NV 8	9169-6014		
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	E-mail address: (to	be used fo	r future annual report	notification)	
For further information	concerning this matter	r, please ca	II:	•	
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Enclosed is a check for				<u>.</u>	26 Th
■ \$70,00 Filing Fee	Cl \$78.75 Filing Fer Certificate of Str		\$78.75 Filing Fee & Certified Copy	E3 \$87.50 Filing Certificate of Certified Con	f Status &

(# 16000 H 2116 3)

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.

(If name unavail:	able in Florida, enter alternate corporate na	ome adopted for the purpose of transacting b	usiness in Florida)
Wyoming		2 N/A	
(State or country	y under the law of which it is incorporated	(FEI number, if applie	able)
06/30/2016	•	5. Perpetual	
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)
Upon Filing .			
		ess in Florida, if prior to registration) 17.1502, F.S., to determine penalty liability)	
325 W. 8th S	1. #203, Los Angeles, CA 90014		
	(Pri	incipal office address)	,
			51.00
	(Current m	nailing address, if different)	
		mon you all	
Name and <u>stre</u> e	t address of Florida registered agent: InCorp Services, Inc.	(P.O. Box MOI acceptable)	(SS) 00
Name:	modip dervices, tric.		
fice Address:	17888 67th Court North	•	
•	Loxahatchee	. Florida 33470	ORIL ORIL
	(City)	(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.

Names and business addresses of officers and/or directors: DIRECTORS

Chairman:			<u> </u>	
Address:				
Vice Chal	rman;			
Addr ess: .	· · · · · · · · · · · · · · · · · · ·			
- Director:	Steve K. Singh			
Address:	325 W. 8th St. #203, Los Angeles, CA 90014	.		
Director:				
Address:				
B. OFF President: Address:	Steve K Sinch			
Vice Presi	ident:			
Address:		12	<u> </u>	η
Secretary:	Steve K. Singh	ASS.		
Address:	325 W. 8th St. #203, Los Angeles, CA 90014	(17)		T
Treasurer		(1) (c) (d) (d)	⁽	
Address;	325 W. 8th St. #203, Los Angeles, CA 90014	177 1-7 177 1-7	2	
12. The office are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the fand that he or she is aware that false information submitted in a document to the Department of the provided for in s.817.155, F.S.	directors.	herein	
13. Ster	ve K. Singh, President (Typed or printed name and capacity of person signing application)			

08:27:36 a.m. 07-18-2016 5/5

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Codeory Inc.

is a Profit Corporation

formed or qualified under the laws of Wyoming did on **June 30, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000718885**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 15th day of July, 2016 at 5:33 PM. This certificate is assigned 020599831.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.