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FLORIDA DEPARTMENT OF STATE SECURIOR Division of Corporations

July 12, 2016

ANKE HILL 1423 BANGOR LANE AURORA, IL 60504

SUBJECT: AJT TECHNOLOGY DESIGNS INC

Ref. Number: W16000048165

We have received your document for AJT TECHNOLOGY DESIGNS INC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

_ Letter Number: 916A0001446&

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COVER LETTER

TO:	Registration Se Division of Co						
CHDI		nology Designs Inc		·			
SUDJ	ECT:	Name o	of corporation	n - mus	t include suffix		
Dear S	Sir or Madam:						
"Certif	ficate of Existence	tion by Foreign Co ee," or "Certificate gn corporation to to	of Good Sta	ınding"	and check are sub		
Please Anke l		ondence concerni	ng this matt	er to the	following:		
			Name o	f Person			
AJT T	echnology Designs	Inc					
			Firm/Co	mpany			
1423 E	Bangor Lane					TAEC	あ
Aurora	ı, IL 60504		Add	ress		RETAR	PIE -
Anke.i	lill@ajttechnology	r.com	City/State	and Zip	code	EF. FLC	是口
		E-mail address	: (to be used	for fut	are annual report n	iotification)	Ö
For fu	rther information	concerning this m	atter, please	call:		≫`	
Anke Hill		321 at (321 258-2753				
	Name of Perso	n	Area Co	de	Daytime Telepl	none Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	ed is a check for	the following amo	ount:				
\$7 (0.00 Filing Fee	□ \$78.75 Filing Certificate of			75 Filing Fee & ified Copy	S87.50 Filin Certificate Certified C	of 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. (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) 46-4640182 (FEI number, if applicable) (State or country under the law of which it is incorporated) 01/24/2014 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1423 Bangor Lane, Aurora, IL 60504 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Joshua Pressman Name: 214 Albert Ave Office Address: Melbourne 32935 (Zip code) (City) 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)

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: TODD HILL Address: 1423 BANGOR LANE, AURORA, IL 60504 Vice Chairman: Address: ___ Address: **B. OFFICERS** President: 1423 Bangor Lane, Aurora, IL 60504 Address: _ Anke Hill Vice President: 1423 Bangor Lane, Aurora, IL 60504 Address: ____ Secretary: Address: Treasurer: 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. Anke Hill, Vice President

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,

AJT Technology Designs Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **January 24, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000657773**.

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 29th day of July, 2016 at 9:03 AM. This certificate is assigned 020693426.



Secretary of State

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NETARY OF STATE
ANASSEE, FLORIDA

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.