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(Address)					
(Address)					
(City	//State/Zip/Phon	e #)			
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Certified Copies	Certificate	s of Status			
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Office Use Only



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SECRETARY OF STATE
FALL MIASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2016

CAROL ROFFER 60 WESTOVER DR WEST MELBOURNE, FL 32904-5126

SUBJECT: INNOLA SOLUTIONS, INCORPORATED

Ref. Number: W16000049971

We have received your document for INNOLA SOLUTIONS, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 416A00015095

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PH 3: 46

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COVER LETTER

_	ion of Corp								
	InnoLA So	olutions, Inc.							
SUBJECT:		Name of o	orporation	- must	include suffix				
Dear Sir or M	ladam:		•						
"Certificate of	f Existence	on by Foreign Corpo ," or "Certificate of a corporation to tran	Good Stan	iding" a	nd check are sul				
Please return Carol Roffer	all correspo	ondence concerning	this matter	to the f	following:				
InnoLA Solution	ons Inc.		Name of	Person			TALL	5	_
60 Westover D)r		Firm/Com	pany			ETANY ETANY	1 6 -5	FILE
West Melbourn	ne FL 3290	4-5126	Addre	ess			F STA	· 译	<u>-</u>
croffer@proso	ftalliance.co		lity/State a	nd Zip ç	ode		Đại Đại	† 2 2	
,		E-mail address: (t	o be used f	or futur	e annual report	notification	1)		_
For further in	formation of	concerning this matt	er, please c	all:		•			
Carol Roffer		at	·	_)	8941	· · · · · · · · · · · · · · · · · · ·		_	
Nam	e of Person		Area Code	е	Daytime Telep	ohone Num	ber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a	check for t	he following amoun	t:						
\$70.00 Fil	ing Fee	\$78.75 Filing For Certificate of S			5 Filing Fee & ied Copy		50 Filing ificate of ified Co	of Statu	ıs &

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.							
	"Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "C	OMPANY," "CORPORATION,"	•		
	(If name unavaila	ble in Florida, enter alternate corporate name	ndan	ted for the mumore of transcripe	husinas in	Elanie	10)
2.	Delaware	3.		826094	Dusiness III	i riorio	1a)
4.	(State or country 05/20/2016	under the law of which it is incorporated) 5.		(FEI number, if appl	icable)		
6.	(Date of incorporation) (Date of duration, if other than perpetual 06/23/2016				al)		
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 e, West Melbourne FL 32904-5126	502,	F.S., to determine penalty liability	SECRETA	16 AUG	71
		(Princip	oal of	fice address)		-5 PH	, הרכ
		(Current mailir	ng ad	dress, if different)	TOSED!	<u>ب</u> ين <u>3</u>	
8.	Name and street Name:	address of Florida registered agent: (P.C). Bo	ox <u>NOT</u> acceptable)			
Oi	ffice Address:	60 Westover Drive		-			
		West Melbourne		32904-5126 _, Florida			
		(City)		(Zip code)			
9.	Registered age	nt'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.

11. Names and business addresses of officers and/or directors:

Carol Roffer Chairman:	•
60 Westover Dr, West Melbourne Fl 32904 ddress:	
Igor Popiv	
ce Chairman:	
dress: 10 ZLATOUSTIVSKA, STR 60 01135 KIEV	
ector:	
lress:	
ector:	
ress:	≥≌ 5
	ALC: ALC: T
OFFICERS	-5 - T
Carol Roffer	
60 Westover Dr. West Melbourne Fl 32904	<u> </u>
ress:	3111 3
President:	
ress:	
Igor Popiv retary:	
10 ZLATOUSTIVSKA, STR 60 01135 KIEV	
isurer:	
lress;	
TE: If necessary, you may attach an addendum to the applicati	on listing additional officers and/or directors.
Signature of Director or	Officer
officer or director signing this document (and who is listed in true and that he or she is aware that false information submitted ird degree felony as provided for in s.817.155, F.S.	number 11 above) affirms that the facts stated herein
and degree reions as provided for in 3.517.155, 1.5.	CAPOL ROFFION CP
(Typed or printed name and capacity of pe	rson signing application)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INNOLA SOLUTIONS, 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 SECOND DAY OF AUGUST, 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 "INNOLA SOLUTIONS, INC" WAS INCORPORATED ON THE TWENTIETH DAY OF MAY, A.D. 2016.

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

16 AUG -5 PN 3: 3:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authentication: 202761653

Date: 08-02-16