Division of Corporations Electronic Filing Cover Sheet

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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Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	To:			5
Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 Enter the email address for this business entity to be used for future		Division of Cor	porations	
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**				
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FOREIGN PROFIT/NONPROFIT CORPORATION ELAN SOLUTIONS, INC.

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Corporate Filing Menu

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H16000197170

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. Elan Solutions, Inc.

•	able in Florida, enter alternate corporat					
)	US Virgin Islands	3.	3. 66-0860048 (FEI number, if applicable			
(State or countr	y under the law of which it is incorpora	ated)	u-		(FEI number, if applicable	e)
	05/20/2016	5.			Perpetual	ਲ
(Date	of incorporation)		(Duration:	Year	Perpetual r corp. will cease to exist o	r "perpetual")
	06/24/2016					G7
	(Date first transacted but	siness in	Florida, if	rior	to registration)	=
	(SEE SECTIONS 607.1501 6	ک 607.15	02, F.S., to	deten	mine penalty liability)	<u> </u>
·	_ 4000 Weymouth Rhymer Hy	wy. St.	Thomas,	VI 0	0802	ڡۣ
	(Principal of	fice add	ress)			ا لم
	500 South Dixie Highway Sui	te # 30	06 Coral G	abl	es, FL 33146	
	(Current mail	ing add	ress)			
	. •		·.			
. Name and stree	et address of Florida registered ager	nt: (P.C). Box <u>NO</u>	<u>T</u> ace	ceptable)	
Name:	Omar Haedo					
Office Address:	500 South Dixie Highway S	uite#	306			
	Coral Gables		Flor	da	33146	
	(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.

(Registered agent's signature)

^{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:

Ha 6000197170

A. DIRECTOR	₹\$		
Chairman:			
		· · · · · · · · · · · · · · · · · · ·	
Vice Chairman: _			
Director;			

Director:		<i>⊙</i>	
		A Sign	E S
		0	%~< <u></u>
B. OFFICERS	•	=======================================	
		မ္	
President:	500 O and District Wall and O Wall 4 000 O and O all and El 00440		C. dank
Address:	500 South Dixie Highway Suite # 306 Coral Gables, FL 33146		
Address:			
<u></u>			
Address:			
Treasurer:			
Address:		·	
	essary, you may attack an addendum to the application listing additional officers and/or di	rectors.	
12.	Signature of Director or Officer		
are true and that	director signing this document (and who is listed in number 12 above) affirms that the fact the or she is aware that false information submitted in a document to the Department of Selony as provided for in s.817.155, F.S.	s stated h State cons	ierein stitutes
13.	Omar Haedo		
	(Typed or printed name and connectly of person signing application)		

Corp No. 586413

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES ---- O ---CHARLOTTE AMALIE, ST. THOMAS, VI 00802

To All To Whom These Presents Shall Come:

I, the undersigned, LIEUTENANT GOVERNOR, DO hereby certify that

ELAN SOLUTIONS, INC.

Business Corporation

of the Virgin Islands filed in my office on May 20, 2016 as provided for by law, Articles of incorporation, duly acknowledged.

WHEREFORE the persons named in said Articles, and who have signed the same, and their successors, are hereby declared to be from the late aforesaid, a corporation by the name and for the purposes set forth in said Articles, with the right of succession as therein stated.



Witness my hand and the seal of the Government of the Virgin Islands of the United States, at Charlotte Amalie, St. Thomas, this 31st day of May, 2016.

OSBERN E. POTTER

Lieutepark Governor of the Virgin Islands

SEURE TARY OF STATE