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(Business Entity Name)

(Document Number)

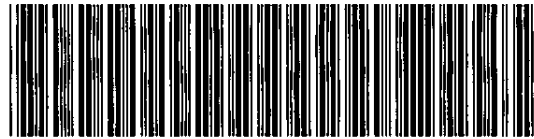
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-63923

1611, 1623, 16229

Office Use Only



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09/14/16--01020--008 **78.75

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S. YOUNG

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TALLAHASSEE, FLORIDA
16 SEP 14 PM 12:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2016

KEVIN B SAPP
PO BOX 388
HUNTINGTON, TX 75949

SUBJECT: ALTIA SOLUTIONS, INC.
Ref. Number: W16000063923

We have received your document for ALTIA SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00019770

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TALLAHASSEE, FLORIDA
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I did not receive my package back from you. Probably lost in the mail so I made copies and filled in the blanks that i forgot to fill in on the original. Please let me know if I'm missing anything else.

Kevin B Sapp.

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TALLAHASSEE, FLORIDA

SEP 14 PM 12:45

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2016 OCT 31 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

16 OCT 31 PM 12:35

DEPARTMENT OF REVENUE

75

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTIA SOLUTIONS INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KEVIN B. SAPP
Name of Person
ALTIA SOLUTIONS INC.
Firm/Company.
P.O. BOX 388
Address
HUNTINGTON, TX. 75949
City/State and Zip code
KEVIN.SAPP98@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL FORD at (786) 847-3222
Name of Person Area Code Daytime Telephone Number

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 the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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. ALTIA SOLUTIONS INC.

(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)

2. TEXAS 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 23rd 2016 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1624 Rose Street Key West FL 33040
(Principal office address)

P.O. Box 6516 Key West 33041
(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

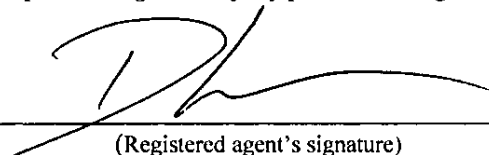
Name: DANIEL FORD

Office Address: 615 CAROLINE ST

KEY WEST, Florida 33040
(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:

A. DIRECTORS

Chairman: KEVIN B. SAPP

Address: 859 EAGLE POINTE DR.

MONTGOMERY, TX. 77316

Vice Chairman: N/A

Address: _____

Director: KEVIN B. SAPP

Address: 859 EAGLE POINT DR

MONGOMERY, TX. 77316

Director: N/A

Address: _____

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B. OFFICERS

President: KEVIN B. SAPP

Address: 859 EAGLE POINTE DR

MONTGOMERY, TX. 77316

Vice President: N/A

Address: _____

Secretary: KEVIN B. SAPP

Address: 859 eagle Pointe Dr Montgomery Tx 77316

Treasurer: KEVIN B. SAPP

Address: 859 Eagle Pointe Dr Montgomery Tx 77316

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Kevin B Sapp
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.

13. Kevin B Sapp
(Typed or printed name and capacity of person signing application)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Altia Solutions, Inc. (file number 801600813), a Domestic For-Profit Corporation, was filed in this office on May 23, 2012.

It is further certified that the entity status in Texas is in existence.

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FALLAHASSEE, FLORIDA
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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 13, 2016.



A handwritten signature in black ink, appearing to read "Cascos" followed by a horizontal line.

Carlos H. Cascos
Secretary of State