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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Corsul Technical Sovinos, Mc. 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:
Amil Cicira
Name of Person
Name of terson
LOSAN Jechnical Services, Inc
Firm/Company
218 Main Stroot #661
Address
KNKlam MA 98033
City/State and Zip code
annia Videlandaffica con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (155), 284-1451 Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & Certificate of Status \$\Boxed{\cong}\$ \$78.75 Filing Fee & Certificate of Status \$\Boxed{\cong}\$ \$78.75 Filing Fee & Certificate of Status \$\Boxed{\cong}\$ \$78.75 Filing Fee & Certificate 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) 2. Vashina to 3. 47-50-11753
(State or country under the law of which it is incorporated) (FEI number, if applicable)
6. Oak of incorporation) (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) 7. 4030 Lake Washington Blud NE, Kivklam, WA980
218 Main Street # 1061, Kirkand, WA 98033 7 (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: \[\sqrt{VOYP} \sqrt{Sexvives} \sqrt{NC}. \]
Office Address: 17886 674 Court North
City), Florida SY 10 (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.
Kathy Shin on behalf of InCorp Services, Inc.

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: Martin tost		
Address: 218 Main Street # Jole Kirkland, WX 98033		
Vice Chairman:		
Address:		
Director: Russel M. Strombara		
Address: 218 Main Street #612t, Kirkland, WA 98083		
Director:		
Address:		
B. OFFICERS		
President: Charles Ehlert		
President: WWW Chart HT LL WALL DANK DESCRIPTION		
Address: 218 Main stroot # lold, Kirkland, WA 98033		
Vice President:		
Address:		
Secretary: Hwy way		
Address: 218 Main Street #Idel, Kirkbird, WA 9083		
Treasurer: EYNU VINSON		
Address: 218 Main Street # add, Kykland, WA 98032		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
12.		
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.		
Typed or printed name and capacity of person signing application)		



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CORSAIR TECHNICAL SERVICES INC.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 9/14/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: December 23, 2016

UBI: 603-540-964

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

- 732

Kim Wyman, Secretary of State

