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FALLAHASSEE, FI ABLE

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January 31, 2017

CHARLES PAYNE 224 TECHNOLOGY PARK LANE, STE 100 FUGUAY VARINA, NC 27526

SUBJECT: SUPERDROID ROBOTS INC

Ref. Number: W17000008929

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

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 617A00001953

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SECKETARY OF STATE

### **COVER LETTER**

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|   |  | Name o  | of corporation   | on - mus   | t include suffix                                  |   |   |       |
| Dear Sir or Mad                                     | am:  |   |                  |            |   |   |   |       |
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| Enclosed is a cl                                    | ieck for the                                       | following am                                  | ount:            |            |   |   |   |       |
| 70.00 Filin   | g Fee 🗆  | 3 \$78.75 Filin<br>Certificate                |                  |            | .75 Filing Fee & tified Copy                      | Certi                                     | 60 Filing Fee<br>ificate of Sta<br>ified Copy |       |

### 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. SuperDroid Rubots, 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. North Carolina, USA 3. <u>62-2794818</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. DI OI 72000 5. Par per toal

(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. 224 Technology Park Lave, Suite 100 Fuguar Varina NC 27526 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MA Nelson Genao 456 Red Pepper Loop Chulvota . Florida 32764 (Zip code) Office Address: 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. Nelson Hendo

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. DIRE    | ECTO                | RS                 |                        | 1              |                         |  | $\supset$   | . 1          | 1           |              |              |                   |           |            |
|------------|---------------------|--------------------|------------------------|----------------|-------------------------|--|-------------|--------------|-------------|--------------|--------------|-------------------|-----------|------------|
| Chairman:  | : <u> </u>          | hair               | 162                    | ra             | yne_                    |  | Pre.        | siden        | <u> </u>    | ·            | _            |                   |           |            |
| Address:   | Suc                 | )e r               | Dro                    | 2.4            | Rub                     | ob   | INC         | 22<br>275    | 4 Te        | chnoi        | logy         | Parlo             | lan       | €          |
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| Director:  |                     |                    |                        |                |                         |  |             |              |             |              |              | <del></del>       |           |            |
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| Director:  |                     |                    | <del></del>            |                |                         |  |             |              |             |              |              |                   |           |            |
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| B. OFFI    |                     | <u> </u>           |                        |                |                         |  |             |              |             |              |              |                   |           |            |
| President: | ,                   | (                  | HICK                   | دح/            | Pai                     | ac.  |             |              |             |              |              | <b>≱</b> o        | ~         |            |
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| Secretary: | :                   |                    | _                      |                |                         |  |             |              |             |              |              |                   |           |            |
| Address:   |                     |                    |                        |                |                         |  |             |              |             |              |              |                   |           |            |
| Treasurer  | :                   |                    |                        |                | ·                       |  |             |              |             | _            |              |                   |           |            |
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| NOTE:      | If nec              | essary.            | , you ma               | y attac        | h an add                | endum  | to the app  | olication li | sting add   | litional o   | officers     | and/or            | director  | S.         |
| 12,        |                     |                    | <u> </u>               | L              | 18                      | ~~   |             | ctor or Off  |             |              | <del></del>  |                   |           |            |
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## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### SUPERDROID ROBOTS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of July, 2005, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Sean to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of January, 2017.

Elaine I. Marshall

Secretary of State

Certification# 99649735-1 Reference# 13491944- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification