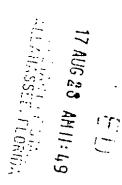
(Requestor's Name)	
(Address)	2003028
(Address)	2000020
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/28/170102:
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	

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AUG 2 9 2017 Y SULKER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE 8-28-17

		###	WALK IN**
ENTITY NAME	EXAKTIME	INNOVATIONS	, INC.
DOCUMENT NUMBE	er (tanetha	JURS)	. <u></u> .
	PLEASE FILE THE ATTA	CHED AND RETURN	
Δ	Plain Copy		
	Certified Copy		
	Certificate of Status		
			· · · · · · ·
	PLEASE OBTAIN THE FOLLOWI	NG FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendme	nts	
	Certificate of Good Standing		
			
	APOSTILLE' / NOTAR	IAL CERTIFICATION	
COU	INTRY OF DESTINATION		
NUN	MBER OF CERTIFICATES REQUESTED		<u> </u>
FOTAL \$ OWED	2.00	<u>.</u>	
CHECK # 40			

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: Exaktime Innovations, 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:
Name of Person
Maren Williams Name of Person Exaktime Innovations Inc. Firm/Company
27001 Agoura Rd Ste 280 Address Calabasas, A 9/30/ City/State and Zip code hum. Willnams C Exaktime. (om E-mail address: (to be used for future annual report notification)
Calabasas, A 9/30/ City/State and Zip code
hum. Williams C Exaktime. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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

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. Exaltime Innovations, (Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION," "lnc.." "Co.." "Corp," "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 01-0552589

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 27001 Agoura Road, Suite 280 Calabasas, CA 91301 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 58 Lakeshore Dr. Office Address: lahassee, Florida 32312 (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. Kanetha Bishop, Asst. Secretary (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 Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** Vice President: _ Scott Address: __ Santa losa Valley NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EXAKTIME INNOVATIONS, INC.

FILE NUMBER:

C2385246

FORMATION DATE:

12/06/2001

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 25, 2017.

ALEX PADILLA Secretary of State