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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number -: (954)208-0545

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION

EDgear of America Inc.

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SEP 0 5 2017

COVER LETTER

TO: Registration Se					
Division of Co	rporations f America INC.	. :			
SUBJECT:	I Afficiaca INC.				
	Name of corpor	ation - 1	- must include suffix		
Dear Sir or Madam:					
"Certificate of Existent		Standi	Authorization to Transact Business in Florida," ling" and check are submitted to register the is in Florida.		
Please return all corres Jeff Loftin	pondence concerning this r	natter to	to the following:		
	Nam	e of Per	erson		
Edgear of America Inc.					
	Firm/	/Compa	oanv		
714 N Ashley Ridge Loo		*			
	4	Address	35		
Shreveport, LA 71106		•	•		
	· City/Ste	ate and	d Zip code		
exec@edgear.com					
	E-mail address: (to be u	sed for	or future annual report notification)		
For further information	concerning this matter, ple	ase call	ali:		
Jeff Loftin	318		\$688000		
Name of Perso	at (at) Code	Daytime Telephone Number		
Name of Perso	ii Alca	Couc	Daytine Telephone Number		
STREET/COL	RIER ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section			
Division of Corporations			Division of Corporations		
Clifton Building 2661 Executive Center Circle			P.O. Box 6327		
Tallahassee, FL			Tallahassee, FL 32314		
Enclosed is a check for					
Enclosed is a check for	the following amount:				
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status Certified Copy		

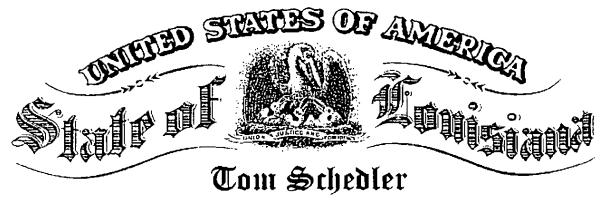
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(State or country under the law of which it is incorporated) /23/2015 (Date of incorporation) (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) 4 N Ashley Ridge Loop Shreveport, LA 71106 (Principal (Current mailing) (Current mailing)	(Pate of duration, if other than perpetual) (I) (Date of duration, if other than perpetual) (F.S., to determine penalty liability) office address)
f name unavailable in Florida, enter alternate corporate name advousiana (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Oate of incorporation) (Oate first transacted business in F (SEE SECTIONS 607.1501 & 607.1501 4 N Ashley Ridge Loop Shreveport, LA 71106 (Principal (Current mailing) (Current mailing) (Current mailing)	(Date of duration, if other than perpetual) (Date of duration, if other than perpetual) Florida, if prior to registration) 2, F.S., to determine penalty liability) office address)
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(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) 4 N Ashley Ridge Loop Shreveport, LA 71106 (Principal (Current mailing) tame and street address of Florida registered agent: (P.O. CT Corporation System)	office address)
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Name:	ملت
1200 South Pine Island Road	<u></u>
ce Address:	
Plantation	33324
(City)	(Zip code)
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legistered agent's acceptance:	
ing been named as registered agent and to accept service	of process for the above stated corporation at the place
enated in this application, I hereby accept the appointme	nt as registered agent and agree to act in this capacity.
er agree to comply with the provisions of all statutes rel	
es, and I am familiar with and accept the obligations of i	
	,
•	
Janifar Vincant Jenifer V (Registered age	incent, VP & Asst. Sec.

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 Jeff Loftin		•
Chairman:		
714 N Ashely Ridge Loop Shreveport, LA 71106 Address:		
	•	
Vice Chairman:	•	
Vice Chairman:		
Address:		·
Director:		
Address:		
		······
Director:		
Address:		
B. OFFICERS		TY SEP-1
Jeff Loftin		SEP TI
President: 714 N Ashley Ridge Loop Shrevepon, LA 71106	····	2 7
Address:		
		至
Vice President:		
Address:		ୁ ଶ
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listi	•	d/or directors.
12. Signature of Director or Office		
The officer or director signing this document (and who is listed in number	II above) affirms that the	
are true and that he or she is aware that false information submitted in a do a third degree felony as provided for in s.817.155, F.S.	cument to the Departme	ent of State constitutes
Jeff Loftin, President	·	·
13. (Typed or printed name and capacity of person sig	ming application)	,



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

EDGEAR OF AMERICA INC

A corporation domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on January 23, 2015,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Secretary of State

September 1, 2017

Certificate ID: 10865486#F5P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Web 417641710