F/7000005119

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

Office Use Only



400305192074

11/15/17--01022--001 **87.50

K. SALY NGV 15 2017

COVER LETTER

то:	Registration Sec Division of Cor					
SUB.	ECT:	Name of	Pec	A OPATS	el INC	
Dear S	Sir or Madam:					
"Certi	ficate of Existenc		of Good Star	Authorization to Transachding" and check are subess in Florida.		
Please	return all corresp	oondence concernin	g this matte	r to the following:		
		<i></i>	elve	N TASS	5	
			Name of	Person		
		$O_{\mathcal{I}}$	ec f	Apppiel I	NC	
		<u> </u>	Firm/Con	and hard		
		755	GrA	aid 15/VAS	uite B105#258	
	\mathcal{M} .		Maa	Ç35		
	<u> </u>	[AMAI	15.0A	CL, FL3	2550	
		-	City/State :	and Zip/code	•	
		E-mail addréss:	(to be used	for luture annual report	notification)	
For fi	rther information	concerning this ma				
	Kike	NTALLS.	n (<i>B.57</i>	2) <u>797-</u>	4778	
	Name of Perso	on	Area Coo	de Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			:	Registration S Division of C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclo	sed is a check for	the following amo	un t :			
a si	0.00 Filing Fee	S78.75 Filing Certificate o		☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified 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. (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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (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) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 5GrAND Blud Switte B105 #258 SAMAT Beach Florida 3255 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.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Kelyoni TABBS
Address: COLO MACK BURGHER
SANTO ROSA BEACH, FL 32459
No chimme Shanne
Address: 10/6 Mark Bajou Rd
Address: 10/10 Mack Bajou Rd SALHE LOSA BEACH, FL 32459
Director:
Address:
Director:
Address:
B. OFFICERS
President: Valvent 1A-655
Address:
Address.
Vice President: Sherry Sherrer
Address:
Secretary;
Address:
Treasurer:
Address:
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.
13. Kelveri TABLG CEO
(Typed or printed name and capacity of person signing application)

Control Number: 12001570

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

OPEC APPAREL INC

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14961015 Date Inc/Auth/Filed: 01/06/2012 Jurisdiction : Georgia Print Date : 11/15/2017

Form Number : 211



Brian P. Kemp Secretary of State