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COVER LETTER

TO:	Registration Section Division of Corporations			
	SOFO	taravisas	Inc	
SUBJ	ECT: OV DO DVI	must is aluda auticu		
	Name of corporation	- must include suffix		
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporation for ficate of Existence," or "Certificate of Good Star referenced foreign corporation to transact business.	iding" and check are sub)*
Please	return all correspondence concerning this matter	to the following:		
	Echward G Name of	PACAIU		
	Name of	Person		
	SPED Entr	corises	Inc.	
	, Firm/Com	pany	<u> </u>	
	SPED Enter Firm/Com 4519 3rd Av	le East		
	Addre	ess		
	Braden ton, FL City/State a Eqeoraly 97 E-mail address: No be used	34208		
	City/State a	nd Zip code		
	Egeorgiu 97	1 (2) Not mail	, com	
	E-mail address: (to be used	for future annual report r	notification)	
	ther information concerning this matter, please of	call:	i	
Edu	Name of Person Area Cod	8 77 - 9/ e Daytime Telep	ALLANDOR NUMBER SECONDO	
			an D	Ш
	STREET/COURIER ADDRESS:	MAILING A		U
	Registration Section Division of Corporations	Registration S Division of Co		
	Clifton Building	P.O. Box 6327	7	
	2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, F	TL 32314	
Enclose	ed is a check for the following amount:			
57 0	0.00 Filing Fee 💹 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fe Certificate of St 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,"
(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. Pennsy/vania 3. 20 - 2233381 (State or county under the law of which it is incorporated) (Fill number if applicable)
(State of country under the law of which it is incorporated) (I El number, if applicable)
4. Jan 13 2005 5. (Date of duration if other than permutual)
(Date of incorporation)
5. Jan 1, 2018 (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1. 4519 3rd Ave East, Bradenton, FL 34208
(Principal office address)
Sand (Current mailing address, if different)
(Curent maring address, it directen)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Edward Georgiu Office Address: 4519 3rd Ave East Bradenton (City), Florida 34208 (Zip code)
Name: Edward Georgiu Office Address: 4519 3rd Ave East Board Out Over 34208
Sradenton , Florida 39708 Fig D (City) (Zip code)
9. Registered agent's acceptance: $\mathbb{S}^{n} = \infty$ 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. 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.
In Med Willy
(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 Chairman: Address: ___ Vice Chairman: ______ Address: Director: __ Director: Address: **B. OFFICERS** President: 41e Address: Vice President: D Secretary: Address: ___ Treasurer: Address: NOTE: If necessary, you may attach an adderdum 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. Georgiu

(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 01/13/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SPED ENTERPRISES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE CONTROL OF THE

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180113160095-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

FILED