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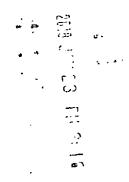
(Re	questor's Name)			
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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JAM 25 20.0 J. HARRIS

### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: _	<i></i>	JANIUM A	OCCSSING CON	ter Inc	
		Name of corporal	non - must include surify		
Dear Sir or Mad	am:				
"Certificate of E	xistence.		for Authorization to Transa Standing" and check are sub siness in Florida.		
Please return all		ndence concerning this ma			
	LICA	CLORL	of Person		
	- 27	Name	of Person		
7		$\mathcal{A}$			
	1/20	102020 My	Someone CALR IN	<u> </u>	
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		Ac	ldress		
Ne	W	1/ tonde	M, 48047		
		City/Star	of Person  L. CATR TN  Company  CAL Cd  ddress  M, 18047  te and Zip code		
		E-mail address: (to be us	ed for future annual report	notification)	
For further infor	mation c	oncerning this matter, plea	se call:		
1	,				
KA44 6	. 4	MET. 21 (2)4	Code Daytime Telep		
Name o	f Person	Area (	Code Daytime Telep	phone Number	
STREET/COURIER ADDRESS:			MAILING ADDRESS:		
Registration Section		Registration Section			
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, FL 32314				
Tallahas	see, FL	32301			
Enclosed is a ch	eck for th	ne following amount:			
\$70.00 Filing	ş Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

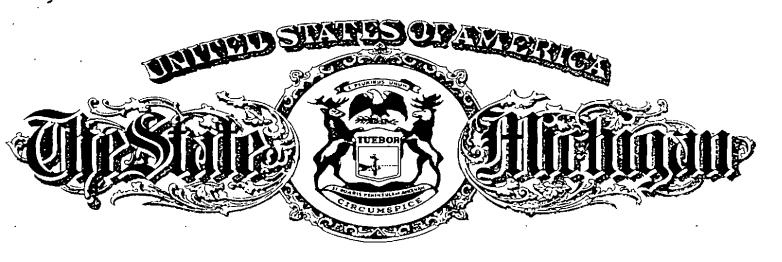
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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) 2. MICHIGAN 3. 38-3498656
(State or country under the law of which it is incorporated) (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) New BALTINGE MICHIGAN 48042 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: LANDROLL City) Com Blud UNI 1001

(City) Florida 33308
(Zin 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.

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: RaLpH 6 LAMETI	
Address: 6135 Kiev	
WEST BLISH FILLD 14, 48324	
Vice Chairman:	
Address:	
Director: ALOH (7. LAN.T.	<u> </u>
Address: 6135 Kiev	
Wast Bloomford Mr. 48344	· · · · · · · · · · · · · · · · · · ·
Director: Denise Kakos	<del></del>
Address: SLOO NORTH OCCAN BIND VIII 100	/
Ft LANDEDAL. FL 33308	
B. OFFICERS	
President: Denisc Kakos	. (2)
Address: 3200 NORTH OCEN BLD UN, 7 1001	r.
Address: 3200 NORTH OCEN BLD UN, 7 1001	- ; _ <u>- :</u>
Vice President:	<del>,</del>
Address:	(÷
	6)
Secretary: Ralph 6 Lange To	
Address: 6/35 Kind Wast Bloomford 1x,	48344
Treasurer: RALLI G LAMET.	
Address: 6135 KIEN WIST BLOOMFIELD NI	48344
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
12. Sage & dent	
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 a third degreg felony as provided for in s.817.155, F.S.	
in the state of th	
(Typed or printed name and capacity of person signing application)	



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### TITANIUM PROCESSING CENTER INC.

was validly incorporated on October 14, 1999 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of January, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau