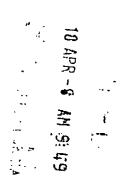
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(Re	equestor's Name)	<del>-</del>
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

Y SULKER APR 09 2018

### **COVER LETTER**

TO:	Registration Se Division of Con				
SUBJ	ECT.	Montauk	Capi	tal, INC.	
3000	EC1.			n - must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence		of Good Sta	nding" and check are su	act Business in Florida."  abmitted to register the
Please	return all corres	pondence concernir	ng this matte	r to the following:	
		Steven	Doulane.	s	
	<u> </u>		Name of		
		Montauk	Capital,	Inc.	
			Firm/Con	npany	<del>-</del>
		2248 Mei	ridian Bl Addr	vd., Suite H. N ess	linden, NV 894237
			G: 10:	17'	<u> </u>
		Class	City/State a	and Zip code	C = 6 = 60 = 00t 55)
-		E-mail address:	(to be used	for future annual report	S = Sam San not 55 notification)
For fu	rther information	concerning this ma			
	teven Doule	umes s	451	le Daytime Tele	4818
	Name of Perso	on	Area Coo	le Daytime Tele	phone Number
	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g c Center Circle	:	MAILING Registration Division of GP.O. Box 63 Tallahassee,	Section Corporations 27
Enclos	sed is a check for	the following amou	unt:		
\$70	0.00 Filing Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Conv

## 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.

	ame unavanable in	riorida, enter an	ternate corporate	name adop	oted for the purpose of	of transacting	g business in F	lorida
2	Nevada 3. (State or country under the law of which it is incorporated)							
(St								
4	08-25-2014 5.		5					
	(Date of incorporation)		_	(Date of durati	on, if other t	than perpetual)	)	
6			. 100	ne				
					orida, if prior to regis F.S., to determine pe		ne)	
		(SEE SECTIO	2143 007,1301 OC	007.1302,		many maumit	.Y )	
	20	110 M	· 1 · 1	, ,	-	·	•	
7	22	48 Men			te H, Minden	·	•	
7	22	48 Men			-	·	•	-
7	22	48 Men	(F	Principal of	The H, Minden Mice address)	·	•	
7	22	48 Men	(F	Principal of	te H, Minden	·	•	
7 8. Nar			(Current	Principal of mailing ad	The H, Minden Mice address)	, NV 8	•	18 APR
7  8. Nar	me and <u>street add</u>	<u>ress</u> of Florid <b>a</b> 1	(Current	mailing ad	fice address)	, NV 8	•	
7  8. Nar		<u>ress</u> of Florid <b>a</b> 1	(Current	mailing ad	fice address)	, NV 8	•	MPR -

#### 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.

(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.

Chairman:	Nancy Lake	
Address:	2248 Meridian Boulevard, Suite H	
	Minden, NV 89423	
Vice Chairman:		
Address:	····	
Director:	iVancy Lake	
	1	,
Director:		
Address:		
B. OFFICERS		
President:	Nancy Lake	
Address:	same as above,	t
		<i>,</i> , , , , , , , , , , , , , , , , , ,
Vice President:	Steven Doularies	
Address:	5515 Woodbine Rd.	<u> </u>
	Pace, FL 32571	ق ا
Secretary:	Mancy Balle Lake	
	• • • • • • • • • • • • • • • • • • • •	•
Treasurer:	Nancy Lake	<u> </u>
Address:	same as about	<u> </u>
NOTE: If necess	sary, you may attach an addendum to the application listing additional of	ficers and/or directors.
12	Signature of Director or Officer	
The officer or dire	ector signing this document (and who is listed in number 11 above) affirm	ms that the facts stated he

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

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate evidence, MONTAUK CAPITAL INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 25, 2014, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto-set my hand and affixed the Great Seal of State, at my office on March 27, 2018.

Louhank Cagaiste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180327-2357