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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of :	Status
Special Instructions	to Eiling Officer	
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COVER LETTER

TO:	Registration Sec Division of Corp							
0110	HW MH2	EELS INCORPOR	ATION					
Subj	ECT:	Name	of corporation	n - musi	include suffix			
Dear S	Sir or Madam:		•					
"Certi	nclosed "Applicati ficate of Existence referenced foreign	e," or "Certificate	of Good Sta	inding".	and check are su			••
Please	return all corresp	ondence concern	ing this matt	er to the	following:			
Micha	el LaSala							
			Name o	f Person				
IncSm	art.biz, Inc.							
			Firm/Co	mpany		*****		
3609 F	łammerkop Dr.					Ya.	20	-11
			Add	ress	-	2-	اين	·····
North	Las Vegas, NV 890	34				53.	_	7
			City/State	and Zip	code	<u> </u>		 -
admin	@incsmart.biz					27.6	Ö	_
~		E-mail address	: (to be used	for futu	re annual report	notification	5	
For fu	rther information of	concerning this m	atter, please	call:		y *		
Michae	el LaSala		702 at (334	-0391			
	Name of Person		Area Co	, de	Daytime Telep	phone Number		
	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	orations Center Circle	S:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		
Enclos	ed is a check for t	he following amo	ount:					
3 \$70	0.00 Filing Fee	□ \$78.75 Filing Certificate of			5 Filing Fee & fied Copy	\$87.50 Fil Certificat Certified	e of Sta	

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.

1. SUN WHEELS	INCORPORATION			
	corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp,")	TED," "C	OMPANY," "CORPORATION	
(If name unava	ilable in Florida, enter alternate corporate	name adoj	oted for the purpose of transac	ting business in Florida)
2. NV		3.		
(State or coun	try under the law of which it is incorporate	ed)	(FEI number, if	applicable)
4. 04/04/2006		5		
4. 04/04/2006 5. (Date of incorporation) 5.		er than perpetual)		
6.				
7. 20907 NW 14TH	(SEE SECTIONS 607.1501 & FLACE SUITE 500 MIAMI GARDENS, FL	33169 Principal o	ffice address)	billity)
8. Name and <u>str</u> Name:	(Current eet address of Florida registered agent Registered Agents Inc.		dress, if different) ox NOT acceptable)	SSHEL FLOAD
Name.			<u></u>	.4.4
Office Address:	3030 N. Rocky Point Dr. STE 150A		_	
	Tampa		_ , Florida <u>33607</u>	
	(City)		(Zip code)	

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 Agents Inc.

Bill Havre - Assistant Secretary

(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. DIKI	ECTORS	
Chairman	f	
Address:		
Vice Chai	irman:	
Director	RODNEY R GOREE	
Address:	20907 NW 14TH PLACE SUITE 500	
radicis.	MIAMI GARDENS, FL 33169	
Director;	CHRISTOPHER W REID	
Address:	20907 NW 14TH PLACE SUITE 500	
rudicss.	MIAMI GARDENS, FL 33169	22
B. OFF	ICERS	
	CHRISTOPHER W REID	SSE = M
Address:	20907 NW 14TH PLACE SUITE 500	
	MIAMI GARDENS, FL 33169	
Vice Pres	ident:	
Secretary:	RODNEY R GOREE	
Address:	20907 NW 14TH PLACE SUITE 500 MIAMI GARDENS, FL 33169	
Treasurer	TYNOISHA L KNOX	
Address:	20907 NW 14TH PLACE SUITE 500 MIAMI GARDENS, FL 33169	
NOTE:	If necessary, you may attach an addendum to the application listing addition	al officers and/or directors
12		
The office	Signature of Director or Officer	
i ne omic are true a	eer or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to	affirms that the facts stated herein the Department of State constitutes
a third de	egree felony as provided for in s.817.155, F.S.	5 spartition of orace constitutes
13. <u>CHR</u>	SISTOPHER W REID, PRESIDENT	
	(Typed or printed name and capacity of person signing application)	cation)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, dethereby 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. Amited 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, SUN WHEELS INCORPORATION, 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 April 4, 2006, and is in good standing in this state.

OF THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 21, 2018.

Barbara K. Cegavske
Secretary of State

Electronic Certificate

Certificate Number: C20180521-1856