6/29/2018

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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FOREIGN PROFIT/NONPROFIT CORPORATION

StrataGen Systems, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

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.

orporation; must include "INCORPORATED," " orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"		
ble in Florida, enter alternate corporate name ado	opted for the purpose of transacting b	usiness in Flo	rida)
3. 91	I-1889511		
under the law of which it is incorporated)	(FEI number, if applic	able)	
5.			
of incorporation)	(Date of duration, if other tha	n per pe tual)	
•			
ie NE, Suite #200, Redmond, WA, 98052			
(Principal	office address)	,	18
		•	<u>:ت</u>
(Current mailing a	address, if different)	n i	
t address of Florida registered agent: (P.O. I	Box NOT acceptable)		至
Registered Agents Inc.	_		ं 61 हेंडे
3030 N Rocky Point Dr Ste 150A	_		ي.
-	3. 91 y under the law of which it is incorporated) 5. of incorporation) (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 are NE, Suite #200, Redmond, WA, 98052 (Principal (Current mailing and address of Florida registered agent: (P.O. I Registered Agents Inc.	y under the law of which it is incorporated) (FEI number, if applied 5, Online of duration, if other than (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) The NE, Suite #200, Redmond, WA, 98052 (Principal office address) (Current mailing address, if different) The address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc.	(Principal office address) (Current mailing address, if different) (Registered Agents Inc.

9. Registered agent's acceptance:

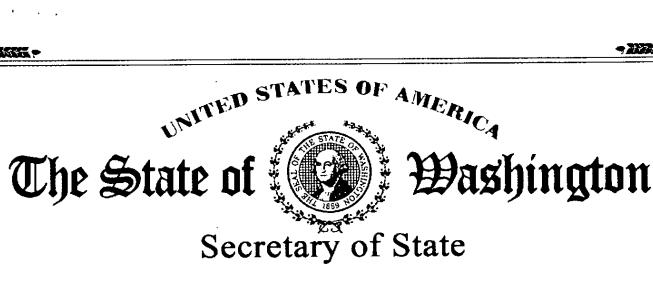
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Havre-President
(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: Vari Ghai Address: 11920 Forge Place Richmond, BC, V7A 4V9, Canada Vice Chairman: Address: ___ Director: ___ Address: __ Director: B. OFFICERS President: Scott Hardy Address: 11920 Forge Place Richmond, BC, V7A 4V9, Canada Vice President: Address: Secretary: Treasurer: Address: NOTE: If necessary you may attach an addendum 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. 13. Scott Hardy, President

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



I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

STRATAGEN SYSTEMS, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/03/1998.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> 06/29/2018 Issued Date: 601 860 315 UBI Number:



CHEST -

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tim Ugna

Date Issued: 06/29/2018