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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 Date: September 14, 2018 **KEN HOWELL** Name:__ Reference #:_____ **A455243** SIMWOOD INC Entity Name:_____ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion Merger ☐ Dissolution/Withdrawal Fictitous Name Other____ \$70.00 Authorized Amount: _____

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.			Simwood Ir	10.			
	(Enter name of co	rporation; must include "INCOF rp," "Inc," "Co," or "Corp.")	PORATED," "C	OMPANY,"	"CORPORATION	I ,"	_
	(If name unavailab	ole in Florida, enter alternate con	porate name adop	ted for the pi	urpose of transactin	g business in Florida	- -
2.		Wyoming	3		36-487639	2	
~.	. Wyoming 3. (State or country under the law of which it is incorporated)			36-4876392 (FEI number, if applicable)			_
4.		August 21, 2017					
	· (Date o	August 21, 2017 of incorporation)		(Date o	of duration, if other	than perpetual)	_
6.	_						
		(Date first transact (SEE SECTIONS 607.1				ty)	_
7.,	CubeM4 Business Park, Simwood House Bristol, Avon & Somerset BS16 1FX UK						
(Principal office address)							
	CubeM4	Business Park, Simwoo				316 1FX UK	_
(Current mailing address, if different)						- 'app 88	
8.	Name and street	address of Florida registered	agent: (P.O. Bo	ox <u>NOT</u> ac	ceptable)	F	
	Name:	COGENCY GLOE	BAL INC.	_			5)
O	ffice Address:	115 North Calhoun St	reet, Suite 4	_			26
		Tailahasse	e	_, Florida _	32301		
		(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.

Huen McKeown ASST. 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. DIRECTO	DRS
Chairman:	Simon Paul Woodhead
	CubeM4 Business Park, Simwood House Bristol, Avon BS16 1FX United Kingdom
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICER	S TE
President:	Simon Paul Woodhead
Address:	CubeM4 Business Park, Simwood House Bristol, Avon BS16 1FX United Kingdom
	売りた 26
Address:	
Secretary:	
Address:	
NOTE: If nec	essary, you may attach an addendum to the application listing additional officers and/or directors.
12.	J. Waishad
The officer or our true and the	Signature of Director or Officer director signing this document (and who is listed in number 11 above) affirms that the facts stated herein at he or she is aware that false information submitted in a document to the Department of State constitutes felony as provided for in s.817.155, F.S.
3	Simon Woodhead , President/Director
	(Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

SIMWOOD INC.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **August 21, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000765735**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of September, 2018 at 12:13 PM. This certificate is assigned 027940529.

Socretary of State

ptice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and fective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the cretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.