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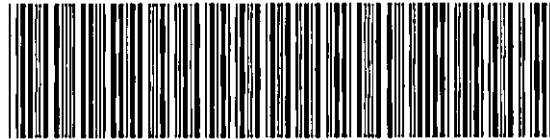
(Business Entity Name)

(Document Number)

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(850) 656-4724

DATE 10/18/2018

****WALK IN****

ENTITY NAME FASTVPS HOSTING COMPANY

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXX _____

Plain Copy

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Certificate of Status

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

CHECK # 5358

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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.*

FASTVPS HOSTING COMPANY

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. _____
(Principal office address)
- 1603 Capitol Ave., Suite 310 A433, Cheyenne, WY 82001
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(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.



Sarah Balen, 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. DIRECTORS

Chairman: Pavel Gavrilin

Address: 1603 Capitol Ave., Suite 310 A433
Cheyenne, WY 82001

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Pavel Gavrilin

Address: 1603 Capitol Ave., Suite 310 A433
Cheyenne, WY 82001

Vice President: Pavel Gavrilin

Address: 1603 Capitol Ave., Suite 310 A433
Cheyenne, WY 82001

Secretary: Pavel Gavrilin

Address: 1603 Capitol Ave., Suite 310 A433, Cheyenne, WY 82001

Treasurer: Pavel Gavrilin

Address: 1603 Capitol Ave., Suite 310 A433, Cheyenne, WY 82001

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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. Pavel Gavrilin, President

(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,

FASTVPS HOSTING COMPANY


is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **September 27, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000727594**.

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 17th day of October, 2018 at 2:09 PM. This certificate is assigned 028309330.




Secretary of State