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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Supplied Instructions to	Cilian Officer	
Special Instructions to	Filing Officer.	

Office Use Only



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FILED ON

10/25/18 25

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Direct Traffic Solutions Inc. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Name of Person Sack Wallace PA Firm/Company Sack Wallace PA Firm/Company
Sack Wallule PA Firm/Company 3250 Grand Avenue, #201 Address Miam, FL 33133 City/State and Zip code Jwallule a lawgroup usa, com E-mail address: (to be used for future annual report notification)
Miam, Fl 33133
City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sq(l(Walloue at 305) 444-4027 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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			Sola hous				_
		must include "IN "Co," or "Corp."	CORPORATED," "C ')	COMPANY,"	"CORPORATION,"		
(If name unavai	lable in Flori	da, enter alternat	e corporate name ado	pted for the pu	rpose of transacting b	ousiness in Florida)	_
. Pen.	151/4	nia	3	20	-393077	· 4	
(State or coun	try under the	law of which it is	s incorporated)		(FEI number, if applie	cable)	_
·	11/23/	2005	5				
(Da	te of incorpor	ation)		(Date o	f duration, if other tha	in perpetual)	_
·		None v	er nsacted business in Flo				
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				office address)		253	3
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. Name and <u>stre</u>		-	tered agent: (P.O. E		eeptable)	•	
Name:	Jac	K Walla	ne				
office Address:	3.	350 Gra	nd Ave.	#a01			
		Migm:)	Florida	33132		
		(City)	_ ,,,,,,,,,,	(Zip code)		
. Registered as	rant's accor	stance:					
laving been nai	med as regis	stered agent an	d to accept service				
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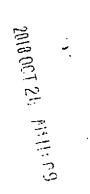
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ None Address: Vice Chairman: None Address: ___ Director: None Address: Director: None Address: _____ B. OFFICERS President: Rubert w Methan Address: 800 Tefficy 57 BOCA RATON FL 33487 Vice President: None Address: Secretary: None 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. Robert w Meehan President

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 10/03/2018



(1)

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Direct Traffic Solutions Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE CONTROLLER TO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affined, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC181003151434-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify