

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Addross:

### FOREIGN PROFIT/NONPROFIT CORPORATION

EncoreFX Ltd. Company

Certificate of Status	0
Certified Copy	1
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## 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. EncoreFX Ltd. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") EncoreFX Ltd. Company (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 35-2536587 Washington (State or country under the law of which it is incorporated) (FEI number, if applicable) 06/10/2015 (Date of incorporation) (Date of duration, if other than perpetual) Not Applicable - business has not been transacted in Florida (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 517 Fort Street, 2nd Floor, Victoria, BC; CANADA, V8W 1E7 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Cornoration System Name: ထဲ 1200 South Pine Island Road Office Address: Plantation (City) 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. C T Corporation System Cristie Myers, Assistant Secretary 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.

H. Name	s and business addresses o	fofficers and/or directors:			
a. DIRE	CTORS				
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	nocessary, you may amen	an addendum to the application listing additional officers an	d/or direc	ctors.	
		Signature of Director or Officer			
true and	or director signing this doc that he or she is aware that see felony as provided for in	cument (and who is listed in number 11 above) affirms that the false information submitted in a document to the Department 8.817.155. F.S.	he facts s int of Stai	tated h te dons	erein titutes
	Bayer, Treasurer				
	(Typed or prin	ited name and capacity of person signing application)		<u>-</u>	<del></del> -

- 2012/10



# Secretary of State

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

#### CERTIFICATE OF EXISTENCE

OF

#### ENCOREFX LTD.

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 06/10/2015.

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.

> Issued Date: UBINumber:

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

Kim Wyman, Secretary of State

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DateIssued: 12/28/2018



