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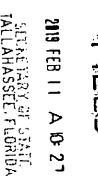
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COVER LETTER

TO: Registration Section Division of Corporations	ZE ZE
SUBJECT: Electronic Waves Trading Inc. Name of corporation - must include suffix	9 FE
Name of corporation - must include suffix	\$\$ ~
Dear Sir or Madam:	SSEC FLO
The enclosed "Application by Foreign Corporation for Authorization to Transact Busine "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to above referenced foreign corporation to transact business in Florida.	ess in Florida,"
Please return all correspondence concerning this matter to the following:	
Stri Cerrita	
Name of Person	
Sheri Cerreta Name of Person Robert J. Weller, Jr., P.A. Firm/Company	2019
Firm/Company	<u> </u>
1303 N/ Parsons ALIP	යා ඩො යා
Address	
1323 N. Parsons Ave. Address Brandon FL 33510 City/State and Zip code	AII 1: 17
City/State and Zip code	**************************************
sherip we llene na com.	17
Sherie wellencha. com E-mail address: (to be used for future annual report notification)	on)
For further information concerning this matter, please call:	
Sheri Cerreta at (813) 643-2904 Name of Person Area Code Daytime Telephone Nu	
Name of Person Area Code Daytime Telephone Nu	mber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ons
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Ce	7.50 Filing Fee, ertificate of Status & ertified Copy

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.	Electronic Waves Trading Inc. (Enter name of corporation; must include "INCORPORATED; "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	N/A (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	enim.
2.	Texas 3. 82-3056849 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	1D-1D-17 (Date of incorporation) 5. perpetual (Date of duration, if other than perpetual) □	0
6.	January 1, 2019 - Effective date Januar 7, 2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	•
7.	2133 US Highway 80 E Apt, 201 (Principal office address)	
	Mesquite, TX 75150 - 5527 (Current mailing address, if different)	
	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Feras Abdelmajid ffice Address: 5138 LeTourneau Circle	
0	ffice Address: <u>5138 LETOURNEAU CIRCLE</u> Tampa (City), Florida <u>336/0</u> (Zip code)	
٥	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.

(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.

A. DIRECTORS Chairman: Harun Muhareh Address: 2133 US Highway 80E April 201

Mesquity TX 75150-5527 Vice Chairman: Fesas Abdelmajid Tampa, FL 33610 Address: _____ **B. OFFICERS** President: FLCas Abdelmalia Address: Same as abor - Vice President: Harun Muhareb Address: Same as abort Secretary: Harun Muhares Address: Skone as above Treasurer: Feras Abdelmalla Address: same as abore 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. Feras Abdelmatid, President
(Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors:

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ELECTRONIC WAVES TRADING INC (file number 802833511), a Domestic For-Profit Corporation, was filed in this office on October 10, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 20, 2018.



Jose A. Esparza Deputy Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 857161910003