## F19000000914

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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S. PRATHER

## **COVER LETTER**

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TO: Registration S Division of Co	ection orporations			
a MELMI	CRO, INC.			
SUBJECT:				
	Name of	corporation	- must include suffix	
Dear Sir or Madam:				
The enclosed "Applica "Certificate of Existen above referenced forei	ce," or "Certificate o	of Good Stand	Authorization to Transac ding" and check are sub as in Florida,	et Business in Florida." mitted to register the
Please return all corres Gabrielle N. Morella, Es		g this matter	to the following:	
Morella & Associates, a	Professional Corporati	Name of I	Person	<u>.</u>
706 Rochester Road		Firm/Comp	pany	<del></del>
Pittsburgh, PA 15237		Addres	ss	·
gnmorella@morellalaw.c		City/State an	d Zip code	_
	E-mail address:	(to be used fo	or future annual report r	notification)
For further information	concerning this ma	iter, please ca	all:	
Gabrielle Morella	a	412 L(	369-9696 _)	
Name of Perso	n	Area Code	Daytime Telepl	hone Number
Registration Se Division of Co Clifton Buildir	rporations ig e Center Circle		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a check for	the following amou	nt:		
S70.00 Filing Fee	☐ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida     Delaware	"Inc.," "Co.," "C	orporation; must include "INCORPORATED,"	"COMPANY." "CORPORATION"
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of uncorporation)  (Date of uncorporation)  (Date of uncorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  E. Loockerman Street, Suite 311, Dover, DE 19901  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Louis Ross  Name:  7010 Lake Nona Boulevard, # 143  ice Address:  Orlando  (City)  710 Cip code)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacher agree to comply with the provisions of all statutes relative to the proper and complete performance of my less, and I am familiar with and accept the obligations of my position as registered agent.		orp," "Inc," "Co," or "Corp.")	Cold Olottless,
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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.

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<ol> <li>Names and business addresses of officers and/or direct</li> </ol>
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	Lake Nona Boulevard, # 143
CTIANS	io, FL 32827
irman:	
ICER	S
sident;	
:	
lf nec	essary, you may attach an addendum to the application isting additional officers and/or directors.
	and of directors.
	Signature of Director or Officer

2019 FEB 13 AM 8: 49

Louis Ross, CEO

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MEI MICRO, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2019.



Authentication: 202157846

Date: 01-28-19