

F190000001767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

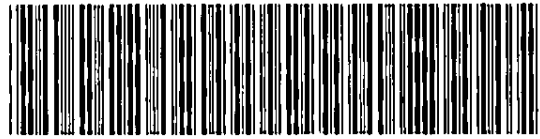
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/10/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2019

BEATRIZ SCHMIDT
17316 JUPITER FARMS RD
JUPITER, FL 33478

SUBJECT: XOLARVIBRONICS, INC.
Ref. Number: W19000028954

We have received your document for XOLARVIBRONICS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 719A00005791

* Octavia L. Simmons

*Attached please find all documents you sent me
t my signature. I hope this is correct now.*

*Thank you,
Beatriz Schmidt*

**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.*

Xolar Vibronics, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
North Carolina EIN 20-5103232

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
07.06.2006 N/A

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
01/03/2019

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
12 1/2 Wall Street, Suite S, Asheville, NC 28801

7. _____
(Principal office address)
P.O. Box 15222, Asheville, NC 28813

(Current mailing address, if different)

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

Beatriz Schmidt

Name:

17316 Jupiter Farms Road

Office Address:

Jupiter

33478

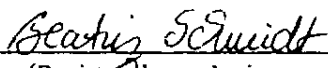
(City)

, Florida

(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.


(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

Koginka Kamaru Xue

Chairman:

72 First St., Asheville, NC 28803

Address:

Beatriz Schmidt

Vice Chairman:

72 First St., Asheville, NC 28803

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Koginka Kamaru Xue

President:

72 First St., Asheville, NC 28803

Address:

Beatriz Schmidt

Vice President:

72 First St., Asheville, NC 28803

Address:

Secretary:

Address:

Treasurer:

Address:

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.

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

FILED
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CLERK OF FLORIDA



NORTH CAROLINA

Department of the Secretary of State

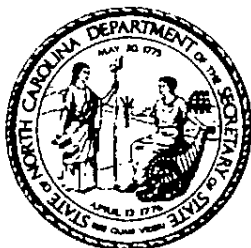
CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

XOLAR VIBRONICS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of June, 2006, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of March, 2019.

Elaine F. Marshall

Secretary of State