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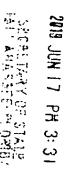
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies		of Status
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JUL 10 2019 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Titan Home Improvement 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:			
Sama Elloung			
Name of Person			
Titan Home Improvement Inc			
5367 N. Higtus Rd			
Address:			
Sunrise Fl. 33351			
City/State and Zip code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Samio Ellowa at (954) 600-4398 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 Clother 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 & Certificate of Status Certified Copy S87.50 Filing Fee. Certified 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. Titan Home Inprovement Inc.
(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp,") THAN HONE INDODUCINED INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Call Fornia 3. 62-1223902 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Oate of incorporation)

5. (Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1761 S. Escandido Blud. Escandido. (A. 92025 (Principal office address)

367 N. Higtus Rd. Sunvise, Fl 33351

(Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Sofi Dib 5367 N. Higtor Rd Sunrise, Fl. 33351. Florida (City) (Zip code)

9. Registered agent's acceptance:

Office Address:

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.

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	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	····
Address:	
B. OFFICERS	28 (27) (80) (37) (30) (3-28) (4)
President: Samia Elbana	STOWN TO STORY
Address: 5367 N. Hictus Rd Sunrise Fl 33351	지국 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
Sunrise F1 33351	္ မိုင္မ် မ
Vice President:	- ATC ω
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directors.
12. Signature of Director or Officer	
Signature of Director or Officer. The officer or director signing this document (and who is listed in number 11 a are true and that he or she is aware that false information submitted in a docum a third degree felony as provided for in s.817.155, F.S.	bove) affirms that the facts stated herein
13.	
(Typed or printed name and capacity of person signing	application)



State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TITAN HOME IMPROVEMENT INC

FILE NUMBER: C4012146 FORMATION DATE: 04/05/2017

TYPE: DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 12, 2019.

ALEX PADILLA Secretary of State