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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

Y SCOTT
AUG 12 2019

✓

COVER LETTER

TO: Registration Section
Division of Corporations
KALIBRATE BLOCKCHAIN CORPORATION

SUBJECT: _____
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:
MARSHA SIHA

Name of Person	FILED 2019 JUL 30 PM 3:35 REGISTRY OF STATE TALLAHASSEE, FLORIDA
Firm/Company	
Address	
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	

17350 STATE HWY 249 STE 220
HOUSTON, TX 77064
EFILE1234@INCFILE.COM

For further information concerning this matter, please call:

MARSHA SIHA 8884623453

Name of Person at () _____
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center 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 & Certificate of Status ☐ \$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**

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.

KALIBRATE BLOCKCHAIN CORPORATION

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)
DELAWARE 83-2947671

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/19/2018 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
378 Centerpointe Circle, Suite 1208 Altamonte Springs, FL 32701

7. _____
(Principal office address)

(Current mailing address, if different)


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

Name: _____
5237 SUMMERLIN COMMONS SUITE 400

Office Address: _____
FORT MYERS 33907
_____, Florida _____
(City) (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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Calvin Wiese ✓

Director: _____

378 Centerpointe Circle, Suite 1208

Address: _____

Altamonte Springs, FL 32701

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TALLAHASSEE FLORIDA

B. OFFICERS

CALVIN WIESE ✓

President: _____

378 Centerpointe Circle, Suite 1208

Address: _____

Altamonte Springs, FL 32701

GARY SKILTON ✓

Vice President: _____

378 Centerpointe Circle, Suite 1208

Address: _____

Altamonte Springs, FL 32701

LAWRENCE HUFTY ✓

Secretary: _____

378 Centerpointe Circle, Suite 1208 Altamonte Springs, FL 32701

Address: _____

CALVIN WIESE ✓

Treasurer: _____

378 Centerpointe Circle, Suite 1208 Altamonte Springs, FL 32701

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Calvin Wiese

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.

CALVIN WIESE (PRESIDENT)

13. _____

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KALIBRATE BLOCKCHAIN CORPORATION" 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-THIRD DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE, FLORIDA



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SR# 20196115654

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203270871

Date: 07-23-19