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Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500 Phone : (702)866-2689 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

FOREIGN PROFIT/NONPROFIT CORPORATION HTTP Solutions Corp.

> Certificate of Status Certified Copy 0 Page Count 05 \$70.00 Estimated Charge

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### **COVER LETTER**

| TO:          | Registration Se<br>Division of Co                    |   |  |  |  |  |  |  |  |
|--------------|--|---|--|--|--|--|--|--|--|
| SHRI         | RCT.   | нтт   | P Solutions Corp.  |  |  |  |  |  |  |
| 3010         | SUBJECT:  Name of corporation - must include suffix  |   |  |  |  |  |  |  |  |
| Dear S       | Sir or Madam:  |   |  |  |  |  |  |  |  |
| "Certi       | ficate of Existen                                    | tion by Foreign Corporation (<br>ce," or "Certificate of Good S<br>on corporation to transact bus | tanding" and check are sub   |  |  |  |  |  |  |
| Please       | return all corres                                    | pondence concerning this ma   | tter to the following:   |  |  |  |  |  |  |
|              |  | Vaniss  | a Moon   |  |  |  |  |  |  |
|              | <del> </del>   | Name  | of Person  |  |  |  |  |  |  |
|              |  | InCorp Se   | ervices, Inc.  |  |  |  |  |  |  |
|              |  | Firm/C  | ompany   |  |  |  |  |  |  |
|              |  | 3773 Howard Hugh  | es Pkwy, Suite 500S  |  |  |  |  |  |  |
|              |  | Ad  | ldress   |  |  |  |  |  |  |
|              |  | Las Vegas, N  | IV 89169-6014  |  |  |  |  |  |  |
|              | •  | City/Stat   | e and Zip code   |  |  |  |  |  |  |
|              |  |   | rts@incorp.com   |  |  |  |  |  |  |
|              |  | E-mail address: (to be use  | ed for future annual report  | notification)  |  |  |  |  |  |
| For fu       | rther information                                    | concerning this matter, please  | se call:   |  |  |  |  |  |  |
| Vanis        | sa Moon for InCo                                     | orp Services, Inc. at ( 70)   | 2 ) 866-2500   |  |  |  |  |  |  |
| <del></del>  | Name of Perso  |   |  | phone Number   |  |  |  |  |  |
|              | Registration Se<br>Division of Co<br>Clifton Buildir | rporations<br>IB<br>e Center Circle   | MAILING A<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                                      |  |  |  |  |  |
| Enclos       | sed is a check for                                   | the following amount:   |  |  |  |  |  |  |  |
| <b>5</b> \$7 | 0.00 Filing Fee                                      | □ \$78.75 Filing Fee & Certificate of Status  | □ \$78.75 Filing Fee & Certified Copy  | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |  |  |  |  |  |

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#### 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.

| <ol> <li>HTTP Solutions</li> </ol> |  |             |   |   |             | ·           |  |  |
|------------------------------------|--|-------------|---|---|-------------|-------------|--|--|
|                                    | orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.") | ED,         | " "COMPANY," "CORPORATIO  | N,"   |             |             |  |  |
| (If pame unevails                  | ible in Florida, enter alternate corporate na                        | me          | adopted for the purpose of transact   | ing busines                                 | s in Flor   | ida)        |  |  |
| 2. Wyoming                         |  | 3.          |   |   | <del></del> |             |  |  |
|                                    | y under the law of which it is incorporated)                         | )           | (FEI number, if   | applicable)                                 |             |             |  |  |
| 4. August 10, 20                   | 19   | 5.          | Perpetual   | ·   |             |             |  |  |
| (Date of incorporation)            |  |             | (Date of duration, if oth   | (Date of duration, if other than perpetual) |             |             |  |  |
| 6. Upon registration               | 20   |             |   |   |             |             |  |  |
| 7. 4781 N Cong                     | (SEE SECTIONS 607.1501 & 60<br>ress Ave, Ste 115, Boynton Beach,     | 7.1<br>, Fl | n Florida, if prior to registration) 502, F.S., to determine penalty liab 33426 pal office address) | oility)                                     | ·<br>       | <del></del> |  |  |
|                                    |  |             |   |   | 201         |             |  |  |
|                                    | (Current m   | aili        | ng address, if different)   | <del></del>                                 | 9 SEP       |             |  |  |
| 8. Name and stree                  | et address of Florida registered agent:                              | (P.         | O. Box NOT acceptable)  | . ,   | ယ်          |             |  |  |
| Name:                              | InCorp Services, Inc.  |             | <del></del>   | 1.  | AM          | . i 19      |  |  |
| Office Address:                    | 17888 67th Court North   |             |   | ្ត្រ<br>ក្រ                                 | AM 10: 54   | "w <u>.</u> |  |  |
|                                    | Loxahatchee  |             | , Florida 33470   | 1"  | #           |             |  |  |
|                                    | (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.

> MMANA) Wanissa Moon on behalf of InCorp Services, Inc. (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. DIREC                              | TORS  | •             |                   |             |
| Chairman: _                           | · · · · · · · · · · · · · · · · · · ·   |               |                   |             |
| Address:                              |   |               | ·                 |             |
|                                       |   |               |                   | <u>.</u>    |
| Vice Chairm                           | an:   |               |                   |             |
|                                       |   |               |                   |             |
|                                       |   |               | •                 |             |
| Director:                             | Conrad Diestro  |               |                   |             |
| Address:                              | 4781 N Congress Ave, Ste 115  |               |                   |             |
|                                       | Boynton Beach, FL 33426   |               |                   |             |
| Director:                             |   |               |                   |             |
| Address:                              |   |               |                   |             |
|                                       |   |               |                   |             |
| B. OFFIC                              | ERS   |               |                   |             |
| President: _                          | Conrad Diestro  |               | ==                |             |
| Address:                              | 4781 N Congress Ave, Ste 115  | ·             | - 15              | <del></del> |
|                                       | Boynton Beach, FL 33426   |               | \$1.78            | <u>0</u> €  |
| Vice Preside                          | nt:   | · <u>·</u>    | ည်                | 1           |
|                                       |   |               | A.                | , 7 H       |
| , , , , , , , , , , , , , , , , , , , |   | (°)           | :0:               | الوي        |
| Secretary:                            | Conrad Diestro  | 1             | <del>ب</del><br>2 |             |
| Address:                              | 2704 N.O  |               |                   |             |
| Treasurer:                            | Conrad Diestro  |               |                   |             |
| Address:                              | 4781 N Congress Ave, Ste 115, Boynton Beach, FL 33426   |               |                   |             |
| 12.                                   | Signature of Director or Officer or director signifig his document (and who is listed in number 11 above) a             | <u> </u>      |                   |             |
| are true and                          | that he or she is aware that false information submitted in a document to the felony as provided for in s.817.155, F.S. | ne Department | of State          | constitutes |
| 13. Conrac                            | d Diestro, President  |               |                   |             |

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

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# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### **HTTP Solutions Corp.**

## is a Profit Corporation

formed or qualified under the laws of Wyoming did on August 10, 2019, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2019-000870255.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of August, 2019 at 11:38 AM. This certificate is assigned 032465932.

Secretary of State

Notice: A certificate Issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.