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SIL, INC

TYPE OF FILING: APPLICATION

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### **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	SIL, Inc.			
SOBOLCI.	Name	of corporation - i	must include suffix	
Dear Sir or N	Лadam:			
"Certificate of	I "Application by Foreign C of Existence," or "Certificat need foreign corporation to	e of Good Standir	ithorization to Transact Business in Fl ng" and check are submitted to registe in Florida.	orida," r the
Please return	all correspondence concert	ning this matter to	the following:	
Jovan Obando	)			
	·	Name of Pe	rson	
SIL, Inc.				
		Firm/Compa	ny	
3131 Camino	Del Rio N., Suite 150			
		Address		
San Diego, Ca	A 92108			
		City/State and	Zip code	202
Jobando@S11				2020 FEB
	E-mail addre	ss: (to be used for	future annual report notification)	ेच्छे । ः
For further in	nformation concerning this	matter, please call	:	1 :
T Ol		200	794-7786	<u> </u>
Jovan Obando		_ at ()	Daytime Telephone Number	ა
Nam	ne of Person	Area Code	Daytime Telephone Number	స
Regi. Divis The ( 2415	SEET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 thassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make cl	t check for the following am heck payable to: FLORIDA D ling Fee	DEPARTMENT Ong Fee & $\square$ \$	78.75 Filing Fee & 🔲 \$87.50 Fil	e of Status &

## 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.

S1L, Inc.			
(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flor	ida)
D-1		84_2764875	
2. (State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
00/1/0010			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	<del></del>
6			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration)  502, F.S., to determine penalty liability)	
7 3131 Camino De	l Rio N., Suite 150, San Diego, CA 92108	<u> </u>	
· ·	(Principal of	fice <u>street</u> address)	
	(Current mail)	ing address, if different)	
	(Current man	ng address, it emercial,	
8. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	
Name:	Paracorp Incorporated		<b>~</b> 3
Office Address:	155 Office Plaza Drive, 1st Floor		10/01
Office Address.	Tallahassec	, Florida 32301	2020 FEB -
	(City)	(Zip code)	<b>—</b>
Having been nam designated in this further agree to c	application. I hereby accept the appoint	vice of process for the above stated corporation at ment as registered agent and agree to act in this c relative to the proper and complete performance of osition as registered agent.	apacity. I
_	See attached	ionotura\	
	(Registered agent's	signature)	
10. Attached is a	certificate of existence duly authenticated	, not more than 90 days prior to delivery of this ap	plication to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name: Jovan Soderstrom Obando	
□Vice Chairman	Address:	□Vice Chairman	Address: 313	1 Camino Del Rio N. Suite 15
□Director Eagle, Idaho 83616		Director	San Diego, CA 92108	
President		□President		
□Vice President		☐Vice President		
☐ Secretary	☐Treasurer	<b>■</b> Secretary		Treasurer
Other	Other	Other	<del></del>	Other
□ Chairman	Steven Matthew Majerus	☐ Chairman	Name:	
	Address: 3131 Camino Del Rio N. Suite	□Vice Chairman	Address:	
Director	San Diego, CA 92108	□Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	Treasurer	Secretary		Treasurer
Other CEO	□Other	□Other		□Other
				2026
□Chairman	Name:	Chairman	Name:	<del>- 3</del> 7
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President		<u>က</u> က်
□ Vice President		□Vice President		10
Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
individuals may be	Use an attachment to report more than six (6). The an added to the index when filing your Florida Depart	tment of State Annual Re	eport form.	
12	Yorm Clordo // Signature of Directo	or Officer	<del> </del>	
The officer or direction is aware that fast. 155, F.S.	Signature of Director signing this document (and who is listed in num also information submitted in a document to the Deprestrom Obando - Secretary	iber   Labove) affirms th	at the facts state	ed herein are true and that he or

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 02/07/2020

ENTITY NAME: S1L, Inc.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "S1L, 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 TENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIL, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2019.

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

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A STATE OF THE STA

Authentication: 202160370

Date: 01-10-20

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