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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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

	Address:				
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FOREIGN PROFIT/NONPROFIT CORPORATION

Omni Mobile Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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.

"Inc.," "Co.," "Co	rporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name adop	nted for the purpose of transacting business in Florida		
Delaware	3	3		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
3/6/2017	5	<u></u>		
	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	F.S., to determine penalty liability)		
18311 Highw	oods Preserve Parkway Unit 4412 Tar	npa, FL 33647 Office address)		
	,			
*				
	(Current mailing a	ddress, if different)		
. Name and stre	(Current mailing a et address of Florida registered agent: (P.O. I			
. Name and stree				
	et address of Florida registered agent: (P.O. I			

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 Agents Inc. - Assistant Secre Bill Havre

(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 Chairman: ___ Vice Chairman: Director: Jordan Karstadt Address: 7901 4th St N STE 300 St. Petersburg FL 33702 B. OFFICERS President: Jordan Karstadt Address: 7901 4th St N STE 300 St. Petersburg FL 33702 Vice President: Address: Secretary: Jordan Karstadt Address: 7901 4th St N STE 300 St. Petersburg FL 33702 Treasurer: Jordan Karstadt Address: 7901 4th St N STE 300 St. Petersburg FL 33702 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Jordan Karstadt-President

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OMNI MOBILE 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 SIXTH DAY OF MAY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNI MOBILE INC." WAS INCORPORATED ON THE SIXTH DAY OF MARCH, A.D. 2017.

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

at corp delayare gov/au

Authentication: 202884271

Date: 05-06-20

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