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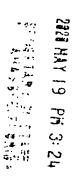
| (Req | uestor's Name) | |
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| (Add | ress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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MAY 19 2020 M. SOLOMON

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------------------|--|-----------------------|--|--|
| SUBJ | JECT: | SOLAI & CAM | ERON, INC. | |
| | | Name of corporatio | on - must include suffix | |
| Dear S | Sir or Madam: | | | |
| Certi | nclosed "Application by For ficate of Existence," or "Ce referenced foreign corporat | rtificate of Good Sta | nding" and check are sub | ct Business in Florida," omitted to register the |
| Please | return all correspondence c | concerning this matte | er to the following: | |
| | | Janice | Null | |
| | | Name of | Person | |
| | | InCorp Serv | vices, Inc. | |
| | | Firm/Cor | npany | |
| | 377: | 3 Howard Hughes | Parkway Suite 500S | |
| | | Addr | ress | |
| | | Las Vegas, | NV 89169 | |
| - | | City/State a | and Zip code | ····· |
| <u>. </u> | | documents@ | • | |
| | E-mail | address: (to be used | for future annual report r | notification) |
| or fur | ther information concerning | g this matter, please | call: | |
| anice | Null for InCorp Services, | Inc. at (702 | 866-2500 | |
| | Name of Person | Area Cod | | hone Number |
| | STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303 | | MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations 7 |
| lease r | | IDA DEPARTMENT | OF STATE 3 \$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.

| · | MERON, INC. corporation; must include "INCORPORATED. | W. (COMP.) | |
|-------------------|--|---|------------------|
| "lnc.," "Co.," "C | Corp." "Inc." "Co." or "Corp.") | , "COMPANY," "CORPORATION," | |
| | | | |
| | | | |
| | lable in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Florida) | |
| Illinois | ry under the law of which it is incorporated) | 363990452 | |
| | • | (FEI number, if applicable) | |
| 02/01/1995 | | | |
| | | (Date of duration, if other than perpetual) | |
| Upon Regis | stration | | |
| | (Date first transacted business in | n Florida, if prior to registration) | |
| 7690 Hairos | | 502, F.S., to determine penalty liability) | |
| 7000 Univer | sal Blvd, Ste 100, Orlando, FL 32819 | | |
| | (Principal offi | ice <u>street</u> address) | 6 2 |
| | | | 2020 |
| | (Current mailir | ng address, if different) | <u> </u> |
| | | 7 Day 2007 and 12 2 | ~ |
| Name and stree | et address of Florida registered agent: (P.C | J. Box NOT acceptable) | 9 |
| Name: | InCorp Services, Inc. | 2 <u>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u> | _0 ⊒K |
| ffice Address: | 17888 67th Court North | | <u>မှာ</u> •> |
| | Loxahatchee | Florida 33470 | 4 |
| | (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.

Janice Null 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.

| A. DIRECTORS Chairman | Name: Mallar R Solai | □ Chairman | Name: | Charles D Cameron | |
|------------------------|---|--------------------------|---|-------------------|-----|
| □Vice Chairman | Address: | □Vice Chairman | Address: | 12648 Park Ave | _ |
| □Director | Apt 14D | Director | | lermere, FL 34786 | _ |
| ■ President | Chicago, IL 60657 | □President | | | |
| □Vice President | | □ Vice President | | | |
| Secretary | ☐ Treasurer | □ Secretary | | ■ Treasurer | |
| □Other | Other | □Other | | □Other | _ |
| □ Chairman | Name: | □Chairman | Name: | | |
| □ Vice Chairman | Address: | □ Vice Chairman | | | |
| □Director | | □Director | | | |
| □President | | □President | | | _ |
| □Vice President | | □Vice President | | | _ |
| □Secretary | □Treasurer | ☐ Secretary | | □Treasurer | |
| □Other | Other | □Other | | □Other | _ |
| □Chairman | Nume: | □Chairman | Name: | HAY | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | e, • 5 | ľ |
| □Director | | □Director | | (4) | |
| □President | | □President | - · · · · · · · · · · · · · · · · · · · | ## N | ٠., |
| □Vice President | | □ Vice President | | | |
| □ Secretary | □Treasurer | ☐ Secretary | | □Treasurer | |
| ⊡Other | □Other | □Other | | □Other | _ |
| 12. 12. | Jse an attachment to report more than six (6). The at added to the index when filing your Florida Departs Allas R Solas Signature of Director tor signing this document (and who is listed in number) | nent of State Annual Rep | oor form. | | _ |

s.817.155, F.S.

Mallar R Solai, President

File Number

5818-337-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SOLAI & CAMERON, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 01, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH

day of MAY A.D. 2020 .

Authentication #: 2014002234 verifiable until 05/19/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE



May 7, 2020

MALLAR R SOLAI SOLAI AND CAMERON INC 7680 UNIVERSAL BLVD, STE 100 ORLANDO, FL 32819

SUBJECT: SOLAI AND CAMERON INC

Ref. Number: W20000045413

We have received your document for SOLAI AND CAMERON INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 120A00009406

Mel Solomon
Regulatory Specialist II Supervisor

HECEIVED 2020 HAY 19 PH 3: 19