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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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	Strinteg Cor					
30D012C1	•		oration - m	ust include suffix		
Dear Sir or	Madam:					
"Certificate	of Existence,"	by Foreign Corporati or "Certificate of Goo orporation to transact	od Standing	g" and check are sub		
Please retur	n all correspon	dence concerning this	matter to 1	he following:		
Anthony Kole	oze					
		Na	me of Pers	on		
Strinteg Corp	oration					
		Fire	n/Compan	y		
2209 Coope	er Lake Rd SE					
			Address			
Smyrna, G.	A 30080					
		City/	State and 2	lip code		13
anthony.kol	oze@strinteg.co	m E-mail address: (to be	used for f	uture annual report i	notification)	
				atare attribut report	iotification)	. 2.2
For further	information co	ncerning this matter, p	lease call:			
Anthony Koloze			1 (404) 804-4324			رة زة
Name of Person			a Code	Daytime Telep	hone Number	- <i>-</i>
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:				
万 \$70.00 I	Filing Fee C	\$78.75 Filing Fee & Certificate of Statu		8.75 Filing Fee & ertified Copy	S87.50 Fili Certificate Certified C	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.

1.	Strinteg Corpora	ition				
		orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	," "CC	OMPANY," "CORPORATION,"		
	(If name unavaila	able in Florida, enter alternate corporate name	adopt	ed for the purpose of transacting busines	ss in Florida)	
2.	Delaware 3.			83-1324281		
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4	2/6/2017	5				
	(Date of incorporation)			(Date of duration, if other than perpetual)		
6.						
7.	600 Superior Ave	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 nue East, Suite 1300, Cleveland, OH 44114 (Princi	1502, F			
(Current ma				dress, if different)	2020 1 "1	
8.	Name and stree	et address of Florida registered agent: (P.	.O. Bo	x <u>NOT</u> acceptable)	,	
	Name:	Registered Agents Inc.			N	
Office Address:		7901 4th St N STE 300			:: 2: ::: 2:	
		St. Petersburg		, Florida 33702	ني	
		(City)		(Zip code)		

Registered agent's acceptance:

aving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agents Inc.

Bill Havre - Assistant Secretary

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction r the law of which it is incorporated.

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

A. DIRECTORS Chairman: Anthony Koloze Address: 2209 Cooper Lake Rd SE, Smyrna, GA 30080 Director: Donald Cartwright Address: 6304 Bridge Avenue, Cleveland, OH 44102 Address: _ **B. OFFICERS** resident: Anthony Koloze ddress: 2209 Cooper Lake Rd SE, Smyrna, GA 30080 ce President: Donald Cartwright Iress: 6304 Bridge Avenue, Cleveland, OH 44102 etary: Anthony Koloze 2209 Cooper Lake Rd SE, Smyrna, GA 30080 urer: Anthony Koloze 2209 Cooper Lake Rd SE, Smyrna, GA 30080 E: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Signature of Director or Officer

ficer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes legree felony as provided for in s.817.155, F.S.

hony Koloze



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

DELAWARE, DO HEREBY CERTIFY "STRINTEG 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 THIRTIETH DAY OF APRIL, 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 "STRINTEG

CORPORATION" WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D.

2017.

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

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Authentication: 202853399

Date: 04-30-20