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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

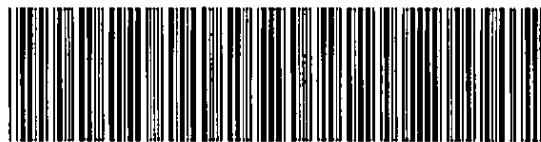
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTFLOW TECH, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARIA SANFORD

Name of Person	
ATTORNEYS CORPORATION SERVICE	
Firm/Company	
5668 E. 61ST STREET	
Address	
COMMERCIAL, CA 90040	
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

MARIA SANFORD	at (800) 462-5487
Name of Person	Area Code	Daytime Telephone Number	

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$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.

OUTFLOW TECH, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

CALIFORNIA

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 9, 2017 5. 82-1506650
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
7. _____
(Principal office address)

10657 TINKER AVE, TUJUNGA, CA 91402
853 HARBOR OAK LANE, CLEARWATER, FL 33756

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(Current mailing address, if different)

21

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOSH OMAN
Office Address: 853 HARBOR OAK LANE
CLEARWATER, Florida 33756
(City) (Zip code)

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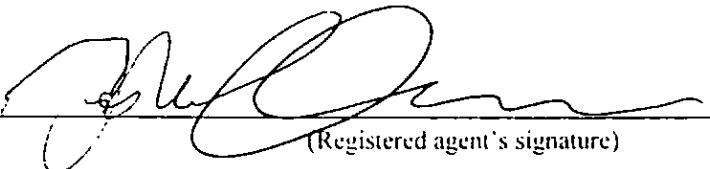
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9. Registered agent's acceptance:

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.



Josh Oman
(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: JOSH OMAN

Address: 853 HARBOR OAK LANE

CLEARWATER, FL 33756

NONE

Vice Chairman: _____

Address: _____

JOSH OMAN

Director: _____

853 HARBOR OAK LANE

Address: _____

CLEARWATER, FL 33756

Director: _____

Address: _____

B. OFFICERS

JOSH OMAN

President: _____

20

853 HARBOR OAK LANE

Address: _____

CLEARWATER, FL 33756

NONE

Vice President: _____

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Address: _____

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JOSH OMAN

Secretary: _____

853 HARBOR OAK LANE, CLEARWATER, FL 33756

Address: _____

JOSH OMAN

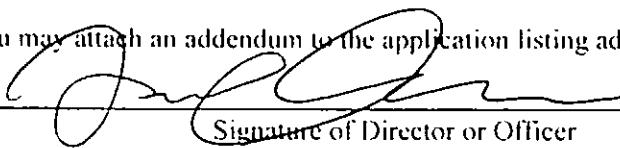
Treasurer: _____

853 HARBOR OAK LANE, CLEARWATER, FL 33756

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____



Josh Oman

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. JOSH OMAN

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

OUTFLOW TECH, INC.

FILE NUMBER: C4024134
FORMATION DATE: 05/09/2017
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of June 04, 2020.

ALEX PADILLA
Secretary of State