

FA9 000000 4653

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Devastation Distributing Industries 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", 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:

500002977255-0

-09/02/99-01073-005

*****87.50 *****87.50

Shane Flores

(Name of Person)

Devastation Distributing Industries Inc

(Firm/Company)

2261 NE 164th St

(Address)

N. Miami Beach FL 33160

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Liz Keenan

(Name of Person)

at (561) 367 9858

(Area Code & Daytime Telephone Number)

FILED
99 SEP -2 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$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

FA9

**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. Devastation Insulating Industries, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)

2. South Carolina 3. 571058363
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 24, 1990 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2261 NE 164th St
N. Miami Beach FL 33160
(Current mailing address)

8. Relocation
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name Shane Flores

Office Address: 102 N.E. 2nd St Ste 188

Boca Raton, FL

Florida, 33432
(Zip code)

10. 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.

Shane Flores
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Shane Florer

Address: 2261 NE 164th St.
N. Miami Beach FL 33160

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. [Signature] **PRESIDENT.**
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Shane Florer - President
(Typed or printed name and capacity of person signing application)

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99 SEP -2 PM 12:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Existence

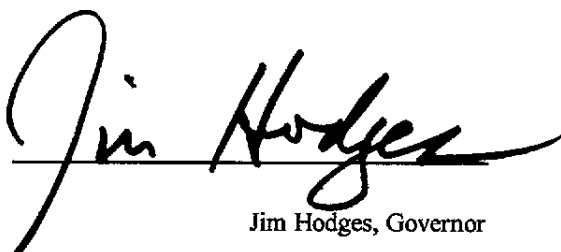
I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

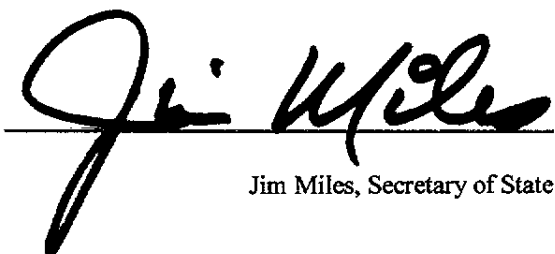
DEVASTATION DISTRIBUTING INDUSTRIES, INC.,

a corporation duly organized under the laws of the State of South Carolina on **September 24th, 1996**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

FILED
SEP-27 PM 12:56
SECRETARY OF STATE
COLUMBIA, FLORIDA

Given under my Hand and the Great Seal of the State of South Carolina this 25th day of August, 1999.


Jim Hodges, Governor


Jim Miles, Secretary of State