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COVER LETTER

TO: Registration Section

| | vision of Corporation Strategic Hardware | LLC | | | | |
|-----------------|---|--|------------------------------------|--|--|--|
| OBJECT: | | Name of | Limited Liability (| Company | | |
| | | | | | ansact Business in Florida." y company to transact busine | |
| Please retur | n all correspondence o | concerning this matter to the | following: | | | |
| | Carl R Hanson | | | | | |
| | | N: | ame of Person | | | |
| | Strategic Hardy | vare LLC | | | | |
| | | Fi | rm/Company | | | |
| | PO Box 8233 | | | | | |
| | | | Address | | | |
| | Spokane, WA 9 | 9203 | | | | |
| | · | City/S | tate and Zip Code | | | |
| | Carl.Hanson@St | rategicIntegrators.com | | | | |
| | | E-mail address: (to be used | d for future annua | report no | tification) | |
| or further | information concerning | g this matter, please call: | | | | |
| C | arl Hanson | | 509 at (| 456-21 | 51 | |
| _ | Name o | of Contact Person | Area Code | Day | rtime Telephone Number | |
| Di Re P.0 | AILING ADDRESS: vision of Corporations egistration Section O. Box 6327 illahassee, FL 32314 | | | Division Registrat Clifton E 2661 Exc | of Corporations ion Section duilding ecutive Center Circle see. FL 32301 | |
| | a check for the follow \$125.00 Filing Fee | ring amount: ■ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filio Certified Copy | | ☐ \$160.00 Filing Fee. Ce of Status & Certified Cop | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

* IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (If name unavailable, enter alternate n | arne adopted for the purpose of transacting business in Flo | orida. The alternate name must include "Limste | ed Liability Company." "L.L.C." or "LLC.") |
|--|--|---|---|
| 2. Wyoming | • | 3. 20-5951272 | |
| | nich foreign limited liability company is organized) | | mamber, if applicable) |
| 4. 1/31/17 | | | |
| 4 | (Date first transacted business in Florida, if prior to | registration.) | |
| 101 C E Cr | (See sections 605.0904 & 603.0905, F.S. to determ | · | |
| 5. 104 S. Freya St (Street Address of) | Principal Office) | 6. PO Box 8233 (Mailin | g Address) |
| Orange Bldg #214 | | Spokane, WA 99203 | _ |
| Spokane, WA 99202 | | | |
| 7. Name and <u>street addre:</u> Name: | ss of Florida registered agent: (P.O. Bor Registered Agents Inc. | x <u>NOT</u> acceptable) | |
| Office Address: | 3030 N. Rocky Point Dr. STE 150A | | |
| | Tampa | , Florida 33607 | <u> </u> |
| | otance: egistered agent and to accept service of ttion, I hereby accept the appointment of | | |
| designated in this applicate to comply with the provis | egistered agent and to accept service of accept service of accept the appointment of ions of all statutes relative to the propers of my position as registered agent. | as registered agent and agree to r and complete performance of | act in this capacity. I digther agr |
| designated in this applicate to comply with the provisional accept the obligation | egistered agent and to accept service of accept service of accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent's | as registered agent and agree to r and complete performance of signature) | act in this capacity. I surther agr my duties, and I am familiar with |
| designated in this applicate to comply with the provis and accept the obligation | egistered agent and to accept service of accept service of accept the appointment of ions of all statutes relative to the propers of my position as registered agent. | as registered agent and agree to r and complete performance of signature) | act in this capacity. I surther agr my duties, and I am familiar with |
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| designated in this applicate comply with the provisuand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> | egistered agent and to accept service of tition, I hereby accept the appointment of tions of all statutes relative to the proper s of my position as registered agent. (Registered agent's actity and address of the person(s) who have and Address: Carl Hanson PO Box 8233 | as registered agent and agree to a rand complete performance of a signature) as/have authority to manage is/a Title or Capacity: | nact in this capacity. I surther agring duties, and I am familiar with a my duties, and I am familiar with a my duties. Name and Address: Stewart Sonneland PO Box 8233 |
| designated in this applicate comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity: Controller | egistered agent and to accept service of tition, I hereby accept the appointment of tions of all statutes relative to the proper is of my position as registered agent. (Registered agent's actity and address of the person(s) who have and Address: Carl Hanson PO Box 8233 Spokane, WA 99203 | as registered agent and agree to a rand complete performance of a signature) as/have authority to manage is/a Title or Capacity: | nact in this capacity. I surther agring duties, and I am familiar with a my duties, and I am familiar with a my duties. Name and Address: Stewart Sonneland PO Box 8233 |
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| designated in this application comply with the provisand accept the obligation 8. The name, title or cap. Title or Capacity: Controller (Use attachments if neces.) 9. Attached is a certificate. | egistered agent and to accept service of tition, I hereby accept the appointment of tions of all statutes relative to the property of my position as registered agent. (Registered agent's actity and address of the person(s) who have and Address: Carl Hanson PO Box 8233 Spokane, WA 99203 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifical | as registered agent and agree to r and complete performance of signature) as signature) as/have authority to manage is/a Title or Capacity: Principal | nact in this capacity. I surther agring duties, and I am familiar with a my duties, and I am familiar with a my duties. Name and Address: Stewart Sonneland PO Box 8233 Spokane, WA 99203 |

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Strategic Hardware LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 30, 2006**, comply with all applicable requirements of this office. Its period of duration expires 09/07/2036. This entity has been assigned entity identification number **2006-000525912**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of February, 2018 at 1:13 PM. This certificate is assigned 025404530.



Secretary of State From 199, 49

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.