

F/16000003514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

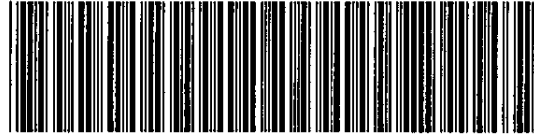
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/05/16--01024--015 **78.75

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16 AUG -5 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 08 2016
J. HARRIS

SMITH, ANDERSON, BLOUNT,
DORSETT, MITCHELL & JERNIGAN, L. L. P.

OFFICES

Wells Fargo Capitol Center
150 Fayetteville Street, Suite 2300
Raleigh, North Carolina 27601

LAWYERS

August 3, 2016

MAILING ADDRESS

P.O. Box 2611
Raleigh, North Carolina
27602-2611

LISA M. YOUNG, NCCP
North Carolina Certified Paralegal
DIRECT DIAL: (919) 821-6609
E-Mail: lyoung@smithlaw.com

TELEPHONE: (919) 821-1220
FACSIMILE: (919) 821-6800

VIA FEDEX (850/245-6056)

Florida Secretary of State
Registration Section - Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Annual Report Payment Vouchers.

Dear Sir or Madam:

Enclosed for filing with the Florida Secretary of State for Cata Company, a Delaware corporation, are the following documents:

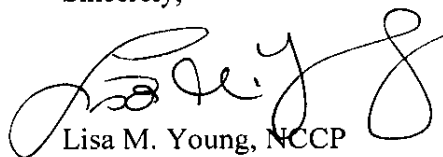
- Florida Cover letter;
- Application by Foreign Corporation to Transact Business in Florida for Cata Company, using the alternate name Cata Technologies Co. to be effective on August 15, 2016.
- Original Certificate of Existence authenticated by the Secretary of State of Delaware
- Our firm's check made payable to "Florida Secretary of State" in the amount of \$78.75 (\$70 for filing fee and \$8.75 certificate of status); and

Please return the effective filing to my attention in the enclosed pre-addressed FedEx envelope.

If you have any questions, please call me at 919/821-6609 or email me at lyoung@smithlaw.com.

Thank you.

Sincerely,



Lisa M. Young, NCCP
North Carolina Certified Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATA COMPANY (USING FLORIDA ALTERNATE NAME CATA TECHNOLOGIES CO.)
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:

LISA YOUNG
Name of Person

SMITH ANDERSON LAW FIRM
Firm/Company

POST OFFICE BOX 2611
Address

RALEIGH, NORTH CAROLINA 27602
City/State and Zip code

LYOUNG@SMITHLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA YOUNG at (919) 821-6609
Name of Person Area Code Daytime Telephone Number

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:

- \$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.

1. CATA COMPANY

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

CATA TECHNOLOGIES CO.

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

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 81-3307799

(FEI number, if applicable)

4. JULY 20, 2016

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1310 PARK CENTRAL BLVD S, POMPANO BEACH, FLORIDA 33064

(Principal office address)

(Current mailing address, if different)

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

Name: JESSICA POHLEN

Office Address: 130 PARK CENTRAL BLVD S

POMPANO BEACH

(City)

Florida 33064

(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.

[Handwritten signature]

(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.

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

A. DIRECTORS

Chairman: VICTOR PAGLIARI LEVY

Address: 1310 PARK CENTRAL BLVD S, POMPANO BEACH, FLORIDA 33064

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

6 AUG 5 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: JESSICA H. POHLEN

Address: 1310 PARK CENTRAL BLVD S, POMPANO BEACH, FLORIDA 33064 1310 PARK CENTRAL BLVD S, POMPANO

Vice President: _____

Address: _____

Secretary: JESSICA H. POHLEN

Address: 1310 PARK CENTRAL BLVD S, POMPANO BEACH, FLORIDA 33064

Treasurer: Victor Pagliari Levy

Address: Rua Manoel Isidoro da Silveira, 488 Lagoa da Conceicao Florianopolis, Santa Catarina Brazil 88062-130

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

12. _____

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. JESSICA H. POHLEN, PRESIDENT

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATA COMPANY" 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 TWENTIETH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



6101953 8300

SR# 20164992713

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202689773

Date: 07-20-16