

F13000003377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

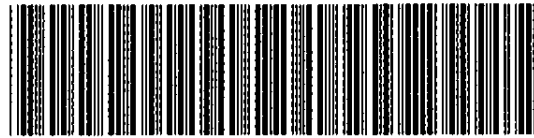
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG -7 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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13 AUG -7 AM 10:49

MRS
8/8/13



CORPORATION SERVICE COMPANY

FILED

13 AUG -7 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 749650 7950360

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : August 1, 2013

ORDER TIME : 4:33 PM

ORDER NO. : 749650-001

CUSTOMER NO: 7950360

FOREIGN FILINGS

NAME: NONPAREIL HOLDINGS CORP

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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. NONPAREIL HOLDINGS CORP

(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)

2. Delaware

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

3.

(FEI number, if applicable)

4. 06/10/2013

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "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. 4737 N Ocean Drive Ste. 115 Lauderdale by the Sea, FL 33308

(Principal office address)

4737 N Ocean Drive Ste. 115 Lauderdale by the Sea, FL 33308

(Current mailing address)

8. Trust management company

(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 NOT acceptable)

Name: TAYLOR CAVAN

Office Address: 4737 N. OCEAN DRIVE STE. 115

LAUDERDALE BY THE SEA, Florida 33308

(City)

(Zip code)

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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.

By:

(Registered agent's signature) TAYLOR CAVAN

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Robert Vitale
Address: 4737 N. Ocean Drive, Ste. 115, Lauderdale by the Sea, Florida 33308

Vice Chairman: Robert Vitale
Address: 4737 N. Ocean Drive, Ste. 115, Lauderdale by the Sea, Florida 33308

Director: Robert Vitale
Address: 4737 N. Ocean Drive, Ste. 115, Lauderdale by the Sea, Florida 33308

Director: Robert Vitale
Address: 4737 N. Ocean Drive, Ste. 115, Lauderdale by the Sea, Florida 33308

B. OFFICERS

President: Robert Vitale
Address: 4737 N. Ocean Drive, Ste. 115, Lauderdale by the Sea, Florida 33308

Vice President: Robert Vitale
Address: 4737 N. Ocean Drive, Ste. 115, Lauderdale by the Sea, Florida 33308

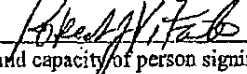
Secretary: Taylor Cavan
Address: 4737 N. Ocean Drive, Ste. 115, Lauderdale by the Sea, Florida 33308

Treasurer: Robert Vitale
Address: 4737 N. Ocean Drive, Ste. 115, Lauderdale by the Sea, Florida 33308

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

13. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. ROBERT VITALE, PRESIDENT

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

Delaware

The First State

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PAGE 13 AUG -7 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NONPAREIL HOLDINGS CORP" 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 FIFTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NONPAREIL HOLDINGS CORP" WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2013.


AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5348008 8300

130953861



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0639551

DATE: 08-05-13