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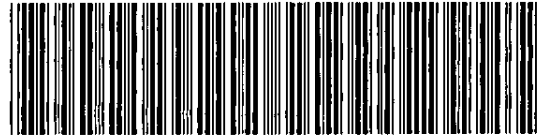
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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE: 01-05-16**

**NAME: CMP CONSULTING PLUS INC.**

**TYPE OF FILING: FOREIGN QUALIFICATION**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**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.*

CMP Consulting Plus Inc.

1. CMP Consulting Plus Inc.  
*(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 3. \_\_\_\_\_  
*(State or country under the law of which it is incorporated) (FEI number, if applicable)*

4. 11/24/2015 5. \_\_\_\_\_  
*(Date of incorporation) (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. 101 NB Third Avenue, Suite 1500, Fort Lauderdale, FL 33301  
*(Principal office address)*

*(Current mailing address, if different)*

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

Name: Florida Filing & Search Services, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301  
*(City) (Zip code)*

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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TUTTLE

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.*

Abbie P. Hodge  
*(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Naren Patel

Address: 101 NE Third Avenue, Suite 1500, Fort Lauderdale, FL 33301

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Naren Patel

Address: 101 NE Third Avenue, Suite 1500, Fort Lauderdale, FL 33301

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. *Naren Patel* \_\_\_\_\_

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. Naren Patel, President \_\_\_\_\_

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

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# Delaware

Page 1

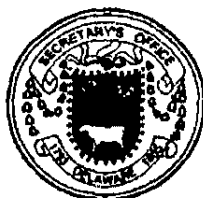
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CMP CONSULTING PLUS INC." 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 JANUARY, 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 SAID "CMP CONSULTING PLUS INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2015.

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



5888310 8300

SR# 20160044717

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 201615899

Date: 01-05-16