

F180000004577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

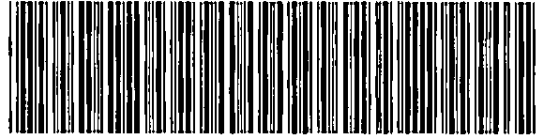
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

OCT 3 2018
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BACULA SYSTEMS CORPORATION

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:

ADA BURHOP

Name of Person

THORELLI & ASSOCIATES

Firm/Company

70 WEST MADISON ST. SUITE 5750

Address

CHICAGO IL 60602

City/State and Zip code

ada@thorelli.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADA BURHOP

312

357-0300

at (_____) _____

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.

BACULA SYSTEMS CORPORATION

1. (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. 36-4883657 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/09/2017 5. PERPETUAL (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. 251 Little Falls Drive Wilmington, DE 19808 (Principal office address)

70 WEST MADISON ST. SUITE 5750 CHICAGO IL 60602 (Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 (City) (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.

Megan L. Bretz

Megan L. Bretz/Assistant Secretary

(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: FRANK BARKER
Address: 5 RUE GALILEE, YVERDON-LES BAINS 1400 SWITZERLAND

Vice Chairman: KERN SIBBALD
Address: 5 RUE GALILEE, YVERDON-LES BAINS 1400 SWITZERLAND

Director: ERIC BOLLENGIER
Address: 5 RUE GALILEE, YVERDON-LES BAINS 1400 SWITZERLAND

Director: ROB MORRISON
Address: 5 RUE GALILEE, YVERDON-LES BAINS 1400 SWITZERLAND

B. OFFICERS

President: FRANK BARKER
Address: 5 RUE GALILEE, YVERDON-LES BAINS 1400 SWITZERLAND

Vice President: N/A
Address: _____

Secretary: THOMAS THORELLI
Address: 70 WEST MADISON ST. SUITE 5750 CHICAGO, IL 60602

Treasurer: FRANK BARKER
Address: 5 RUE GALILEE, YVERDON-LES BAINS 1400 SWITZERLAND

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TALLAHASSEE, FL

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

151 Thomas D Thorelli MTR

Signature of Director or Officer

Each 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.

THOMAS THORELLI, SECRETARY

(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 "BACULA SYSTEMS CORPORATION" 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 TWELFTH DAY OF SEPTEMBER, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

6609212 8300

SR# 20186626822

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

Authentication: 203410918

Date: 09-12-18