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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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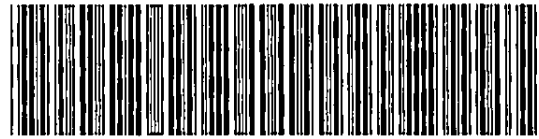
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

1 JUL 26 2017

G. McLEOD

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pileum 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:

Paul Smith

Name of Person

Pileum Corporation

Firm Company

140 E. Capitol St., Suite 175

Address

Jacksonville, FL 32201

City, State and Zip code

paulsmith@pileum.com

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

For further information concerning this matter, please call

Tracey Purpura

Name of Person

407

Area Code

913 0652

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32311

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

Elcum Corporation

(If true name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

1. Mississippi

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

602-0700015

(FBI number, if applicable)

2. March 20, 1987

(Date of incorporation)

perpetual

(Date of duration, if other than perpetual)

3. 7/1/87

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

4. PO Box 175 Jackson, MS 39201

(Principal office address)

same as above

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loveland, FL 33410

(City)

Florida 33410

(Zip code)

17 JUL 24 AM 8:28
CLERK OF SUPERIOR COURT
JUL 24 1987

6. 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.

Joanna Fernandez

Joanna Fernandez on behalf of InCorp Services, Inc.

(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 J. J. Beneke
Address 190 E. Capitol Street Suite 175
Jackson, MS 39201

Vice Chairman _____
Address _____

Director _____
Address _____

Director _____
Address _____

B. OFFICERS

President CEO, Jill Beneke
Address 190 East Capitol Street Suite 175
Jackson, MS 39201

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. Jill Beneke
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 § 81-155, F.S.

13. Jill Beneke President & CEO
Typed or printed name and capacity of person signing application



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 1st day of May, 2002, the State of Mississippi issued a Charter/ Certificate of Authority to:

PILEUM CORPORATION

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said PILEUM CORPORATION is in good standing at this time.

Given under my hand and seal of office
the 29th day of June, 2017

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." is written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17039119

Verify this certificate online at <http://corp.sos.ms.gov/corpeconv/verifycertificate.aspx>