

F1900000450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

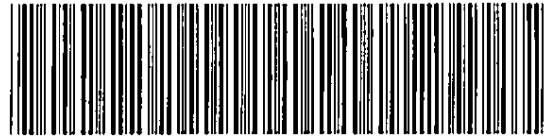
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

2019 OCT 11 PM 4:44

19 OCT 11 PM 1:58

Y SCOTT
OCT 11 2019

✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 957066 8056408

AUTHORIZATION

COST LIMIT : \$70.00

ORDER DATE : October 11, 2019

ORDER TIME : 12:50 PM

ORDER NO. : 957066-005

CUSTOMER NO: 8056408

FOREIGN FILINGS

NAME: BROKEN SPOKE OUTFITTERS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations
BROKEN SPOKE OUTFITTERS, INC.

SUBJECT: _____
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:
JENNIFER VLEK

Name of Person
BROKEN SPOKE OUTFITTERS, INC.

Firm/Company
40 E MAIN ST, STE 959

Address
NEWARK, DE 19711

City/State and Zip code
jen@velofix.com

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

For further information concerning this matter, please call:

JENNIFER VLEK 604 558-0248

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.*

BROKEN SPOKE OUTFITTERS, INC.

1. _____
(Enter 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)
DELAWARE 37-1769038

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
OCTOBER 21, 2014

4. _____ 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)
1000 E 6TH ST, STE D, AUSTIN, TX 78702-3209 USA

7. _____
(Principal office address)
303 5TH AVE W, VANCOUVER, BC V5Y 1J6 CANADA

(Current mailing address, if different)

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

Corporation Service Company

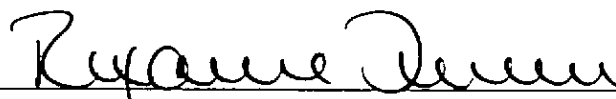
Name: _____
1201 Hays Street

Office Address: _____
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.



(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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

DAVIDE XAUSA ✓

Chairman:

3322 15TH AVE W. VANCOUVER, BC V6R 2Y8 CANADA

Address:

Vice Chairman:

Address:

CHRIS GUILLEMET ✓

Director:

2601 - 638 BEACH CR. VANCOUVER, BC V6Z 3H5 CANADA

Address:

BORIS MARTIN ✓

Director:

4748 DUNFELL ROAD, RICHMOND, BC V7E 3M9 CANADA

Address:

B. OFFICERS

DAVIDE XAUSA ✓

President:

3322 15TH AVE W. VANCOUVER, BC V6R 2Y8 CANADA

Address:

DONALD PERRY ✓

Vice President:

74 SAN SABA ST. AUSTIN, TX 78702 USA

Address:

Secretary:

Address:

Treasurer:

Address:

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.

DAVIDE XAUSA, PRESIDENT & CHAIRMAN

13. _____

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROKEN SPOKE OUTFITTERS, 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 ELEVENTH DAY OF OCTOBER, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROKEN SPOKE OUTFITTERS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2014.

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

20 OCT 11 PM 4:44
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5624835 8300

SR# 20197505388

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

Authentication: 203774989

Date: 10-11-19