F0900000368/

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only State Light Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 SEP 15 PH 4: 48



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COVER LETTER

Division of Corporations	
SUBJECT: LEAP FACTOR, INC.	
	ation - must include suffix
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," Standing and check are submitted to register the above in Florida.
Please return all correspondence concerning this m	atter to the following:
ROBERT R	. ADAMS, ESQ.
Nam	e of Person
ADAMS G	ALLINAR, P.A.
Firm/	Company
1000 BRICKELL	AVENUE, SUITE 300
A	Address
MIAMI, FL	ORIDA 33131
City/St	ate and Zip code
	Z@AGILAW.COM
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
DIANE HERNANDEZ at (30	05 ₎ 416-6820
	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing 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 & S87.50 Filing Fee, Certified Cop Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2009

ROBERT R. ADAMS, ESQ. 1000 BRICKELL AVENUE, SUITE 300 MIAMI, FL 33131

SUBJECT: LEAP FACTOR, INC. Ref. Number: W09000040058

We have received your document for LEAP FACTOR, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 709A00029678

Valerie Herring Regulatory Specialist II New Filing Section

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.

(Enter name of corporation; must "Inc.," "Co.," "Corp," "Inc," "Co,"		D," "COMF	PANY," "CORPORATION,"		
(If name unavailable in Florida, er	nter alternate corporate nan	ne adopted fo	or the purpose of transacting bus	siness in Florida)	
DELAWARE		27-054		,	
(State or country under the law of	which it is incorporated)	J	(FEI number, if applicable)		
JULY 13, 2009	<u>.</u>	5 PERPI	ETUAL		
(Date of incorporation))	(Duratio	n: Year corp. will cease to exist	or "perpetual")	
UPON QUALIFICATION					
(Di	ate first transacted business ECTIONS 607.1501 & 607		if prior to registration) to determine penalty liability)		
1000 BRICKELL AVENUE	, SUITE 300, MIAMI	I, FLORIE	DA 33131		
- , , , , , - , , , , , , , , , , , , ,	(Principal office a				
1000 BRICKELL AVENUE	E, SUITE 300, MIAM	I, FLORIE	DA 33131		
	(Current mailing a	ddress)			
TO ENGAGE IN ANY LA	WFUL ACT OR ACT	IVITY.		Z SS 03	
(Purpose(s) of corporation a	uthorized in home state or	country to b	e carried out in state of Florida)		
Name and street address of Flo	rida registered agent: (P	P.O. Box <u>N</u>	OT acceptable)	P IS	
Name: AGI REGIS	TERED AGENTS, I	NC.		77	
ffice Address: 1000 BRIC	KELL AVENUE, SU	ITE 300		OF STATE	
		.	orida 33131	¥m, [∞]	
MIAMI		, Fl	orida 33 13 1		

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.

Privident

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.



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

09 SEP 15 PM 4: 48
SECONTANT OF STATE
SECRETARY OF STATE TALLAHASSEE, FLORIDA
22244.1
A 33131
A 33131
dditional officers and/or directors.
the application)
ID ATTORNEY IN FACT) g application)

APPHOVED AND FILED

12. Continuation of Officers

09 SEP 15 PM 4: 48

B. OFFICERS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Vice President:

LUIS CABRERA

Address:

1000 BRICKELL AVENUE, SUITE 300

MIAMI, FLORIDA 33131

Vice President:

MARCELA HENAO

Address:

1000 BRICKELL AVENUE, SUITE 300

MIAMI, FLORIDA 33131



09 SEP 15 PH 4:48 PAGE 1 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEAP FACTOR 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 TENTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEAP FACTOR INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JULY, A.D. 2009.

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

4708807 8300

090846154

AUTHENTY CATION: 7520008

DATE: 09-10-09

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