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SALLAHASSEE, FLORIO

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TRANSMITTAL LETTER

TO:	_	tration Se ion of Cor					
SUB.II	ECT:	WILLIAN	S, CHARLES	& SCOTT LTI	D.		
5020						- must include suffix)	
Dear S	ir or M	adam:					
"Certif	icate of		e," and check a			Authorization to Transac gister the above referen	t Business in Florida," ced foreign corporation to
Please	return :	all corresp	ondence conce	rning this ma	tter t	to the following:	
Sarah	Kolb						
				(Name	e of	Person)	
Click Ir	ndustrie	es, Ltd.					
				(Firm	/Con	npany)	
310 Fc	ourth A	venue Soi	uth, Suite 1100				
				(A	ddre	ess)	
Minnea	apolis N	MN 55415					
				(City/Sta	ate a	nd Zip code)	
For fur	ther in	formation	concerning this	s matter, plea	se ca	ıll:	
Sarah	Kolb			at (612) 455-2290	
	(Nan	ne of Pers	on)		ea C	ode & Daytime Telepho	one Number)
	Regis Divis 409 E	EET ADI tration Se ion of Con . Gaines S hassee, FI	ction porations St.			MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclos	ed is a	check for	the following a	ımount:			
□ \$70	.00 Fill	ing Fee	□ \$78.75 Fi Certifica	ling Fee & te of Status	Ø	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT RUSINESS 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.

1.	WILLIAMS, CHARLES & SCOTT L	rd., INC.						
	(Enter name of corporation; must include "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp," "Inc," "Corp," "Inc," "Co," or "Corp," "Inc," "Corp," "Corp," "Inc," "Corp," "Corp," "Inc," "Corp," "Corp," "Inc," "Corp," "		D,	" "COMPANY," "CORPORATION,"				
							_	
	(If name unavailable in Florida, enter al	ternate corporate nam	ne	adopted for the purpose of transacting busine	ess in Fl	lorida)		
2.	New York		3.	112654761		<u> </u>		
((State or country under the law of which	it is incorporated)		(FEI number, if applicable	Eci) 写	The state of	
4.	AUGUST 26, 1983		5.	Perpetual	E ALL	が・ へ	- Programme - Programme	
	(Date of incorporation)			(Duration: Year corp. will cease to exist of	perpe		Dad!	
6.					mc	PH	्राप्ता - स्टाप्ता -	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
7.	2171 Jericho Turnpike, Suite LL1, C	ommack, NY 11725	5		D.	,		
· ·-		(Principal office ac		ress)			-	
	2171 Jericho Turnpike, Suite LL1, C	ommack, NY 11725	5				_	
_		(Current mailing ac	dd	ress)				
	Collection Agency							
δ.		rized in home state or	. cc	ountry to be carried out in state of Florida)			-	
9.	Name and street address of Florida	registered agent: (P	9. C). Box NOT acceptable)				
	Name: Kathy Weiss							
	1001711	1.0%						
Of	ffice Address: 16017 Mulberrypa	rk Cir						
	Lithia			, Florida <u>33547-4890</u>				
		(City)		(Zip code)				
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.

(Registered agent's signature) [Kathy Weiss]

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:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: Kathy Weiss	
Address: 2171 Jericho Turnpike, Suite LL1	
Commack, NY 11725	THE STATE OF THE S
Director:	PE 2
Address:	SSEE A FI
	To F
B. OFFICERS	21 BAIDS
President: Scott Weiss	
Address: 2171 Jericho Turnpike, Suite LL1	
Commack, NY 11725	
Vice President: Kathy Weiss	
Address: 2171 Jericho Turnpike, Suite LL1	
Commack, NY 11725	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary for may attach an addendum to the application listing	additional officers and/or directors.
13. Signature of Director or Officer listed in number 12 o	f the application)
Scott Weiss, President	
(Typed or printed name and capacity of person significant signific	ng application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of WILLIAMS, CHARLES & SCOTT LTD. was filed on 08/26/1983, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 19th day of April two thousand and ten.



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