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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

PIP.co Inc. d/b/a PIP.co Technology Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

DIVISION OF CORPORATIONS

11 FEB 18 PM 3:49

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 FEB 18 PM 12:06

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MRS 2/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: _____ PIP.co Inc.
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:

Patricia Kelley

Name of Person

Foley Hoag LLP

Firm/Company

155 Seaport Blvd.

Address

Boston, MA 02210

City/State and Zip code

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

For further information concerning this matter, please call:

Patricia Kelley

at (617 832-7000

Name of Person

Area 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 &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Nigel Spicer, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

PIP.co Inc.

(Name of Corporation)

a corporation duly organized and existing under the laws of Delaware
(State or Country)

was adopted on February, 2011, adopting the alternate

name of PIP.co Technology Inc.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: February, 2011

Nigel Spicer
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Director
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E126 (6/08)

FL027 - 01/16/2004 E.T. System Online

**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.*

1. PIP.co Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PIP.co Technology Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. 02/17/2011 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 369 Sweet Bay Avenue, Plantation, Florida 33324
(Principal office address)

369 Sweet Bay Avenue, Plantation, Florida 33324
(Current mailing address)

8. To engage in any lawful act or activity in the State of Florida.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(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.

By: Lauren H. Kreatz
(Registered agent's signature) **Lauren H. Kreatz**
Special Assistant
Secretary

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.

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11 FEB 18 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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11 FEB 18 PM 12:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: See attached addendum.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached addendum.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. _____

Nigel Spicer, Director

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PIP.co Inc.

Addendum

Directors

<u>Name</u>	<u>Address</u>
Jim Bender	P. O. Box 1107 Hollis, NH 03049
Dick Gorgens	369 Sweet Bay Avenue Plantation, FL 33324
Deborah Gorgens	369 Sweet Bay Avenue Plantation, FL 33324
Jim Kendall	140 Anchor Drive Vero Beach, FL 32963
Nigel Spicer	P. O. Box 1030 North Falmouth, MA 02556

Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Jim Bender	President	P. O. Box 1107 Hollis, NH 03049
Deborah Gorgens	Executive Vice President	369 Sweet Bay Avenue Plantation, FL 33324
Dick Gorgens	Treasurer	369 Sweet Bay Avenue Plantation, FL 33324
Arlene L. Bender	Secretary	Foley Hoag LLP 155 Seaport Boulevard West Boston, MA 02210

Delaware

The First State

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PAGE SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIP.CO 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2011.

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



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8569660

DATE: 02-18-11