

F/10000001288

(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



600198353336

03/22/11--01028--020 **70.00

FILED
11 MAR 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
3/24

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kaleidoscope Animations, 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:

Leslie Wilkens

Name of Person

Kaleidoscope Animations, Inc.

Firm/Company

205 West 4th St, Suite 900

Address

Cincinnati, OH 45202

City/State and Zip code

lwilkens@kascopes.com

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

For further information concerning this matter, please call:

Leslie Wilkens

Name of Person

at (800) 930-5793 ext 1078

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

**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. Kaleidoscope Animations, Inc.

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

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

2. Ohio

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

3. _____

(FEI number, if applicable)

4. 8/23/1989

(Date of incorporation)

5. perpetual

(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. 205 West 4th St, Suite 900, Cincinnati, Ohio 45202

(Principal office address)

205 West 4th St, Suite 900, Cincinnati, Ohio 45202

(Current mailing address)

8. Develop and sell computer software and to carry on any business and/or any other lawful activity for which corporations may be formed under sections 1701.01 to 1701.98, inclusive of the Ohio Revised Code

(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: Jon Buzzard

Office Address:

1800 NW CORPORATE BLVD SUITE 310

BOCA RATON

(City)

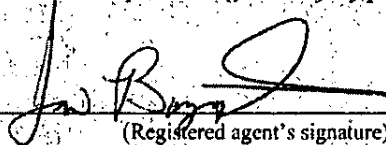
Florida

33431

(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)

3/11/11

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.

FILED
11 MAR 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

11 MAR 22 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bill Taylor

Address: 8 Stony Brook Ave

Stony Brook, NY 11790

Vice President: _____

Address: _____

Secretary: Matt Kornau

Address: 205 West 4th St, Suite 900, Cincinnati, OH 45202

Treasurer: _____

Address: _____

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

13. Matthew P Kornau

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. Matt Kornau, Secretary / Chief Executive Officer

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

**United States of America
State of Ohio
Office of the Secretary of State**

FILED

11 MAR 22 PM 2:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KALEIDOSCOPE ANIMATIONS, INC., an Ohio corporation, Charter No. 756059, having its principal location in Beachwood, County of Cuyahoga, was incorporated on August 23, 1989 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 10th day of March, A.D. 2011*

Jon Husted

Ohio Secretary of State

Validation Number: V201169MA21B5