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COVER LETTER

TO: New Filing Division of	Section Corporations			
SUBJECT. SIN	MPLEPONS, INC.			
SUBJECT:		ation - must include suffix		
Dear Sir or Madam				
The enclosed "App "Certificate of Exis	lication by Foreign Corporation tence," or "Certificate of Good reign corporation to transact bu	Standing" and check are subm		
Please return all co	respondence concerning this m	atter to the following:		
DON A. PAR	ADISO, ESQ.			
		e of Person		
DON A. PAI	RADISO, P.A. LAW (OFFICES		
	Firm/	Company		
5499 N. FEI	DERAL HIGHWAY S	SUITE D		
BOCA RATO	N, FLORIDA 33487	Address ate and Zip code		
donparadiso@	myfloridacorporatelaw	yer.com		
	E-mail address: (to be u	sed for future annual report no	tification)	
For further informa	tion concerning this matter, ple	ase call:		
Don A. Parad	iso at (56	1 , 989-3600		
Name of P	Name of Person Area Code & Daytime Telephone Number			
New Filing Division of Clifton Bu 2661 Exec	Corporations	MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	
Enclosed is a check	for the following amount:			
□\$70.00 Filing	Fee \$\int_{\text{Certificate of Status}}^{\$78.75 \text{ Filing Fee & }}	\$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.

	corporation; must include "INCORPORATE	D," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
· 			
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting bus	iness in Florida)
2. DELAWARE		_{3.} 27-4898881	
(State or country	under the law of which it is incorporated)	(FEI number, if applicabl	e)
4. FEBRUARY		5. PERPETUAL	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
6. NOT APPLI			
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
7. 1500 GATE	EWAY BOULEVARD, SUITE	220, BOYNTON BEACH FL	33426
	(Principal office a	ddress)	
1500 GAT	· · · · · · · · · · · · · · · · · · ·	TE 220, BOYNTON BEACH	FL 33426
	(Current mailing a	ddress)	
8. ALL LAWF	FUL PURPOSES UNDER T	HE LAWS OF DELAWARE,	FLORIDA
(Purpose(s	s) of corporation authorized in home state or	country to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P	P.O. Box NOT acceptable)	TT JU
Name:	DON A. PARADISO ESQ.		N ON O
Office Address:	5499 N. FEDERAL HWY. #D		FILEL ARY COR F COR
	BOCA RATON	, Florida 33487 (Zip code)	ED OF STATE ORPORATIONS PM 4: 12
	(City)	(Zip code)	12 TEN
10. Registered as	gent's acceptance:		S
Having been nam	eed as registered agent and to accept ser	rvice of process for the above stated corp	
		ntment as registered agent and agree to s relative to the proper and complete per	
	with and accept the obligations of my		joinmine of my umies,

(Registered agent's signature)

^{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. DERECTORS Chairman: BRIAN S. JOHN Address: 1500 GATEWAY BLVD., SUITE 220, BOYNTON BEACH FL 33426 Vice Chairman: RICHARD S. MILLER Address: 1500 GATEWAY BLVD., SUITE 220, BOYNTON BEACH, FL 33426 Director: Address: Address: **B. OFFICERS** President: BRIAN S. JOHN Address: 1500 GATEWAY BLVD., SUITE 220, BOYNTON BEACH FL 33426 Vice President: Address: Secretary: RICHARD S. MILLER Address: 1500 GATEWAY BLVD., SUITE 220, BOYNTON BEACH, FL 33426 Treasurer: BRIAN S. JOHN Address: 1500 GATEWAY BLVD., SUITE 220, BOYNTON BEACH FL 33426 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 salse 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. BRIAN S. JOHN, CHAIRMAN & PRESIDENT

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SIMPLEPONS, 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 FIRST DAY OF JUNE, A.D.

2011.

DIVISION OF CORPORATIONS

4937238 8300

110673525

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 8802669

DATE: 06-01-11

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