

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number

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From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 Phone

: (850) 222-1173

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FOREIGN PROFIT/NONPROFIT CORPORATION
HIDEF, INC.

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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.

(If name unavai	able in Florida, enter alternale corporate :	narae	adopted for the purpose of transacting business in Florida) 48-3117498	•	
	under the law of which it is incorporated		(PBI number, if applicable)	-	•
4 June 24, 20	10	5	Perpetual		·
(Dat	of incorporation)	_, J.	(Duration: Year corp., will cease to exist or "perpetual")	-	
6.					
	(Date first transacted busin (SEE SECTIONS 607,1501 & 6	eșs 1 07,1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-	
7, 20000 E. Coun	ry Club Dr. #1214, Aventura, FL 3318		Ag	3 ==	
	(Principal office	bbs e	108B) 2 77	2	
20000 E. Coun	try Club Dr. #1214, Aventure, FL 3516		\$25 A	6 <i>30</i>	_
	(Current mailing	g add	ress)		===
	ny lawful act or activity for which corp			.e Hh	<u>U</u> 5
(Purpose(i) of corporation authorized in home state	or co	ountry to be earried out in state of Florida)	90	•(
9. Name and street	et address of Florida registered agent:	(P.C), Box NOT acceptable)	Λ.,	
Name:	Jonathan Marcus	•	·		
Office Address:	20000 E. Country Club Dr. #1214		<u> </u>		
•	Aventúra		, Florida 33180		
	(City)		(Zip cods)		
Having been nam	application, I hereby accept the appli-	rintn	ce of process for the above stated corporation at the p sent as registered agent and agree to act in this capa clative to the proper and complete performance of m	city. I	

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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12.	Names	and	businoss	addresses	of	officers and/or dire	ctors:
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*SECRETARY OF STATE TALLAHASSEE, FLORIDA

A. DIRECTORS
Chairman: Jonathan Marcus
Address: 20000 E. Country Club Dr. #1214, Aventura, FL 33180
Vice Chairman: N/A
Address:
Director: Alex Zubillaga
Address: 20000 E. Country Club Dr. #1214, Aventura, FL 33180
·
Director: David Marcus
Address: 20000 E. Country Club Dr. #1214, Aventura, FL 33180
B. OFFICERS
President: David Marcus
Address: 20000 E. Country Club Dr. #1214, Aventure, FL 33180
Vice President:
Address:
Secretary: Jonathan Marcus
Address: 20000 E. Country Club Dr. #1214, Aventura, FL 33180
Treasurer: Jonathan Marcus
Address: 20000 E. Country Club Dr. #1214, Aventura, FL 33180
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
14. Jonathan Marcus, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIIDEF, 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FORTHER CERTIFY THAT THE SAID "HILDEF, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

DATE: 08-29-11

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