

F120000002039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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BUREAU OF CONSUMER PROTECTION
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 14 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 198518 7110208

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : May 10, 2012

ORDER TIME : 11:58 AM

ORDER NO. : 198518-020

CUSTOMER NO: 7110208

FOREIGN FILINGS

NAME: FRACTURE INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER: _____

11-23
12 MAY 10 PM 3:26
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fracture 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:

Courtney Butler

Name of Person

Hutchison Law Group

Firm/Company

5410 Trinity Rd., Suite 400

Address

Raleigh, NC 27607

City/State and Zip code

cbutler@hutchlaw.com

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

For further information concerning this matter, please call:

Courtney Butler

Name of Person

at (919) 829-4291

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building P.O.
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
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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TALLAHASSEE, FLORIDA

**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. Fracture 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. Delaware 3. 26-3842883
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/10/2012 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. 110 SW 6th Street, Gainesville, FL 32601
(Principal office address)

110 SW 6th Street, Gainesville, FL 32601
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized under Florida law.
(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: Matthew T. Gabriel

Office Address: 301 E. Pine St., Suite 250

Orlando, Florida 32801
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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)

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: Abhimanyu Lokesh

Address: 110 SW 6th Street, Gainesville, FL 32601

Vice Chairman: _____

Address: _____

Director: Jennifer Dunham

Address: 110 SW 6th Street, Gainesville, FL 32601

Director: Alex Theodore

Address: 110 SW 6th Street, Gainesville, FL 32601

B. OFFICERS

President: Abhimanyu Lokesh

Address: 110 SW 6th Street, Gainesville, FL 32601

Vice President: _____

Address: _____

Secretary: Alex Theodore

Address: 110 SW 6th Street, Gainesville, FL 32601

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. Abhimanyu Lokesh, President and Chief Executive Officer

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

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DEPARTMENT OF STATE
ALBANY, NEW YORK

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRACTURE 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 TENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRACTURE INC." WAS INCORPORATED ON THE TENTH DAY OF MAY, A.D. 2012.

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

5152399 8300

120539289

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9562411

DATE: 05-10-12