

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Ďo	cument Number)	· · · · · · · · · · · · · · · · · · ·			
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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8/20 W12-43365

COVER LETTER

TO:	ΓO: New Filing Section Division of Corporations				
SUBJ	ECT:	Modena, Inc			
		Name of corpor	ration - must include suffix		
Dear S	ir or Madam:				
"Certif	ficate of Existence		n for Authorization to Transact d Standing" and check are submousiness in Florida.		
Please	return all corresp	ondence concerning this n	matter to the following:		
		Jason W	ade.		
		Jason Wan	ne of Person		
				,	
		Firm	/Company		
		88005 Overseu	S Highway Suite	16 -125	
		b you or see	Address	10-123	
		Islamoicada E	1 73036		
		City/S	1 3303 φ tate and Zip code		
				./	
		E-mail address: (to be	sites @ hotmail (on used for future annual report no	tification)	
For fur	ther information	concerning this matter, ple	ease call:		
1 0, 141	thei illiointation	concerning this matter, pre	case carr.		
	Jason Cata	idan or c	305 \ 852-4833		
	Name of Person	1 /	Ros 852-4833 Area Code & Daytime Telephor	ne Number	
	STREET/COU	RIER ADDRESS:	MAILING AD	DRESS:	
New Filing Section			New Filing Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		porations			
	2661 Executive Tallahassee, FL	Center Circle	Tallahassee, FL	32314	
Enclos	ed is a check for t	the following amount:			
\(\sigma^{\sigma^{7}}\)	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	

Modera Brands, INC.

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. Moderna, Inc.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
M / Bands	
Modera Program, Lnc.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Kansas 3. 26-252393 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
1 May 2008 5 Perox Jual	
4. May 2008 (Date of incorporation) 5. Perperbual (Duration: Year corp. will cease to exist or (perpetual))	
6 July 2012	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 88005 Overseas Highway Suite 10-125 Islamorada, Fl 33036 (Principal office address)	
(Principal office address)	
Save	
(Current mailing address)	_
~ · · · · · · · · · · · · · · · · · · ·	or Cywria
8. All lawful purposes of	***
8. All lawful purposes (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	- 4 ,7
	with the
Name: Jasan Wale Office Address: 88005 Overseus Hylman Suite 10-125	THE STATE OF
Islamorada , Florida 33036 (City) (Zip code)	
(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.

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.

وه و بطري

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

A. DIRECTORS		
Chairnian:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Address.		
D'		
Director:		
Address:		
B. OFFICERS		
President: Jason Wade	<u> </u>	
Address: 1350 South Hammock Road		ç 1
Islamorada, Fl 33036	2 \$	
Vice President:	- O	**************************************
Address:	'umare'	, ala.
	2	الب ائن المراجعة المراجعة
	₩.	
Secretary:		<u> 7</u>
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attack an addendum to the ap	plication listing additional officers and/or directors.	
13. Jaran W		
Signature of Director or director signing this document (and who is list		in
are true and that he or she is aware that false information sub third degree felony as provided for in s.817.155, F.S.	mitted in a document to the Department of State constitu	
14	Nade - Daner	
(Typed or printed name and capacity		

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4195665

Entity Name: MODENA, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: JASON WADE

Registered Office: 4000 W 6TH STREET, B211, LAWRENCE, KS 66049

was filed in this office on April 28, 2008, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of August 14, 2012

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 553360 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

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