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| (Re                                     | questor's Name)    |             |  |  |  |
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| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |
| (Bu                                     | siness Entity Nar  | me)         |  |  |  |
| (Document Number)                       |                    |             |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |
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Office Use Only



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SECKENSAL OF STATE

J. Shivers SEP 28 2012

### **COVER LETTER**

| TO: New Filing Section Division of Corporations   |
|---|
| SUBJECT: Auramist, 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:   |
| Mark Fly  |
| Name of Person  |
| Auramist, Inc.  |
| Firm/Company  |
| 222 Second Ave. N., Suite 416   |
| Address   |
| Nashville, TN 37201   |
| City/State and Zip code   |
| mark@auramist.com   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| For further information concerning this matter, please call:  Mark Fly  Name of Person  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  |
| Mark Fly at (615 )829-8986 ⊅ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |
| Name of Person Area Code & Daytime Telephone Number   |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32301 |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy 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. Auramist, Inc.                         |  |                 |          |                |             |  |  |
|---|--|-----------------|----------|----------------|-------------|--|--|
| (Enter name of co                         | rporation; must include "I<br>rp," "Inc," "Co," or "Corp.                        | CORPORAT        | ED,      | " "COM         | PANY        | ," "CORPORATION,"  |  |
| •   |  |                 |          |                |             |  |  |
| (If name unavaila                         | ble in Florida, enter alterna  | te corporate na | ıme      | adopted :      | for the     | purpose of transacting business                          | in Florida)  |
| 2. Delaware                               |  |                 | 3.       | 74-31          | 9643        | 34   |  |
| (State or country u                       | nder the law of which it is  | incorporated)   |          |                |             | (FEI number, if applicable)                              |  |
| 4. 12/21/10                               |  |                 | 5.       | Perpe          |             |  | <del></del>  |
| (Date o                                   | of incorporation)  | 3               |          | (Duratio       | m: Ye       | ar corp. will cease to exist or "                        | perpetual")  |
| 6. <u>12/21/10</u>                        |  |                 |          | <del></del>    |             |  |  |
|   |  |                 |          |                |             | r to registration)<br>rmine penalty liability)           |  |
| 7 222 Second                              | Ave. N., Suite 41  |                 |          |                | 1:          |  |  |
| / <u>,                               </u> |  | incipal office  |          |                | 1           | :  |  |
| 222 Second                                | Ave. N., Suite   | 16 Nash         | vil      | le, TN         | 37          | 201  | •  |
| <del></del>                               | (C   | rrent mailing   | addi     | ress)          |             |  |  |
| 8. Design of M                            |  |                 |          |                |             |  |  |
| (Purpose(s)                               | of corporation authorized  | n home state o  | r co     | untry to l     | carri       | ed out in state of Florida)                              | 7. 32.<br>3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3 |
| 9. Name and street                        | address of Florida regist  | ered agent: (   | P.O      | . Вох <u>N</u> | OT ac       | ceptable)  | 工(1)   |
| Name:                                     | CT Corporation Sys   | tem             | •        | <del></del>    |             |  | HASSA<br>TANI O                                    |
| Office Address:                           | 1200 South Pine Is   | land Road       |          | <del></del> _  |             | :  | SUB<br>E   |
|   | Plantation   |                 |          | , Fi           | i<br>orida_ | 33324  | OF STATE   |
|   | (City  | j               |          |                | ,           | (Zip code)   | -  |
| 10. Registered age                        | d as registered agent an   | d to accept se  | rvic     | e of pro       | cess fo     | or the above stated corporated agent and agree to act in | ion at the place                                   |
| further agree to coi                      | ppucation, I nereby acc<br>nply with the provisions<br>vith and accept the oblig | of all statute  | ş re     | lative to      | the pr      | roper and complete perform                               | ance of my duties                                  |
| /   |  |                 | <i>.</i> |                |             | :  |  |

(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.

Nathan S. Giffin Asst. Secretary

| 12. Names and business addresses of officers and/or directors:   |               |                 |
|--|---------------|-----------------|
| A. DIRECTORS   |               |                 |
| Chairman: Townes Duncan  |               |                 |
| Address: 222 Second Ave. N., Suite 416 Nashville, TN 37201   |               | <del></del>     |
| Vice Chairman: Mike Eden   |               |                 |
| Address: 222 Second Ave. N., Suite 416 Nashville, TN 37201   |               |                 |
| Director: Jeff Badovick  |               |                 |
| Address: 222 Second Ave. N., Suite 416 Nashville, TN 37201   |               |                 |
| Director: John Phillips  |               |                 |
| Address: 222 Second Ave. N., Suite 416 Nashville, TN 37201   |               |                 |
| B. OFFICERS  President: Jeff Badovick  |               |                 |
| Address: 222 Second Ave. N., Suite 416 Nashville, TN 37201   |               |                 |
|  | ĀS            | 12              |
| Vice President:  | SE SE         | 43S             |
| Address:   | ASSE<br>ARSE  | 27              |
|  | -             |                 |
| Secretary: Brent Campbell  | STATE         | <del>- 5.</del> |
| Address: 222 Second Ave. N., Suite 416 Nashville, TN 37201   |               | <del></del>     |
| Treasurer:   |               |                 |
| Address:   |               | <del></del>     |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o  | 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 are true and that he or she is aware that false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. |               |                 |
| 14. Jeff Badovick, President   |               |                 |
| (Typed or printed name and capacity of person signing application)   |               |                 |

## Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AURAMIST, 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-EIGHTH DAY OF AUGUST, A.D. 2012.

4916997 8300

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

120976729

Jeffrey W. Bullock, Secretary of State AUTHENTACATION: 9810138

DATE: 08-28-12