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(Re	questor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	l
Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE

MRD /12

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: ipCapital Group, 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:		
Sharon Lasko-Finance & Benefits Administrator		
Name of Person		
ipCapital Group, Inc		
Firm/Company		
426 Industrial Avenue, Suite 150		
Address		
Williston, VT 05495		
City/State and Zip code		
Slasko@ipcg.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Sharon Lasko at (802) 859-7800 ext. 206		
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 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy \$87.50 Filing Fee, 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. ipCapital Gro		ED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	55, 55,47,47, 55,45,47,
(If name unavails	able in Florida, enter alternate corporate no	nme adopted for the purpose of transacting business in Florida)
2. Delaware		3. <u>04-3448287</u>
	under the law of which it is incorporated)	(FEI number, if applicable)
4. 6/13/2001	of incorporation)	5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
-	to be October 18, 2012	(Buration: Teal corp. with cease to exist of perpetual)
o, anticipated	(Date first transacted busine	ess in Florida, if prior to registration) 17.1502, F.S., to determine penalty liability)
7,426 Industr	ial Avenue Suite 150, Willis	
	(Principal office	
426 Indust	rial Avenue Suite 150, Wil	
	(Current mailing	address)
8. Business C	Operations	
(Purpose(s	of corporation authorized in home state of	or country to be carried out in state of Florida)
9. Name and stree	t address of Florida registered agent: ((P.O. Box NOT acceptable)
Name:	Corporation Service Comp	pany P
Office Address:	1201 Hays Street	- SSS
	Tallahasee	, Florida 32301
	(City)	(Zip code)
10. Registered ag		
Having been name designated in this	ed as registered agent and to accept se application, I hereby accept the appoi	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I
further agree to co	omply with the provisions of all statute with and accept the obligations of my	es relative to the proper and complete performance of my duties.
unu i um jumitan	with and accept the bongations of my	position as registerea agent.
	Kaman Janas	Memoria
	(Registered agent's signatu	
11. Attached is a	/1	ed, not more than 90 days prior to delivery of this application to
the Department of	State, by the Secretary of State or othe hich it is incorporated.	r official having custody of corporate records in the jurisdiction
#22##C 1110 1411 O1 111	mon it is intotiporated.	

FILED

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: John Cronin Address: 426 Industrial Avenue, Suite 150 Williston, VT 05495 Vice Chairman: Address: _ Director: _ Address: ___ Address: __ B. OFFICERS President: Robert McDonald Address: 426 Industrial Avenue, Suite 150 Williston, VT 05495 Vice President: Secretary: ___ Address: ___ Treasurer: Address: __ 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 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. Robert McDonald, 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 "IPCAPITAL GROUP, 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-FOURTH DAY OF
SEPTEMBER, A.D. 2012.

2982838 8300

121061879

AUTHENTICATION: 9868534

DATE: 09-24-12

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