

F120000004379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

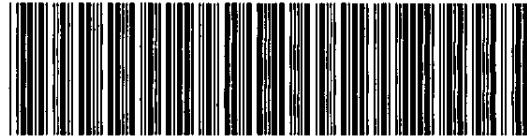
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

14

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CONTRACT ROOM, 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:

PETER THOMSON

Name of Person

CONTRACT ROOM, INC.

Firm/Company

55 MERRICK WAY, SUITE 202

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip code

PTHOMSON@CONTRACTROOM.COM

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

For further information concerning this matter, please call:

PETER THOMSON

Name of Person

at ( 800 ) 950-9101, EXT 501

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 &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
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. CONTRACT ROOM, 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

(State or country under the law of which it is incorporated)

3. 45-4681573

(FEI number, if applicable)

4. FEBRUARY 29, 2012

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. START OPERATIONS OCTOBER 1, 2012 (10/01/12)

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 55 MERRICK WAY, SUITE 202, CORAL GABLES, FL 33134

(Principal office address)

55 MERRICK WAY, SUITE 202, CORAL GABLES, FL 33134

(Current mailing address)

8. PROVIDE SOFTWARE AS A SERVICE TO BUSINESSES

(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: PETER THOMSON

Office Address: 55 MERRICK WAY, SUITE 202

CORAL GABLES, Florida 33134

(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.*

Peter L. Thomson

(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: JOHN DALY

Address: 1004 COTORRO AVENUE, CORAL GABLES, FL 33146

Vice Chairman: PETER THOMSON

Address: 1010 HARDEE ROAD, CORAL GABLES, FL 33146

Director: MARGARET DALY

Address: 1004 COTORRO AVENUE, CORAL GABLES, FL 33146

Director: EMIL STEFANUTTI

Address: 7738 NW 113th PATH, MIAMI, FL 33178

**B. OFFICERS**

President: JOHN DALY

Address: 1004 COTORRO AVENUE, CORAL GABLES, FL 33146

Vice President: EMIL STEFANUTTI

Address: 7738 NW 113th PATH, MIAMI, FL 33178

Secretary: PETER THOMSON

Address: 1010 HARDEE ROAD, CORAL GABLES, FL 33146

Treasurer: PETER THOMSON

Address: 1010 HARDEE ROAD, CORAL GABLES, FL 33146

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Peter L. Thomson  
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. PETER THOMSON, SECRETARY & TREASURER

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

FILED  
12 OCT 25 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

# Delaware

*The First State*

FILED  
PAGE 1  
12 OCT 25 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTRACT ROOM, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2012.

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

5117116 8300

121023310

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9860348

DATE: 09-20-12