F12000004683

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Charles Instructions to Filip Office.
Special Instructions to Filing Officer:

Office Use Only



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October 9, 2012

RUPERT C.J. MINNETT 96000 OVERSEAS HWY APT AA3 KEY LARGO, FL 33037

SUBJECT: COGENSE, INC. Ref. Number: W12000051710

We have received your document for COGENSE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 412A00024948

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: COGENSE, 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:
Dr. Rupert C. J. Minnett
Name of Person
COGENSE, INC.
Firm/Company
96000 Overseas Hwy., APT AA3
Address
Key Largo, FL 33037
City/State and Zip code
rminnett@cogense.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dr. Rupert C. J. Minnett at (305) 741-5347
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 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.

(If name unav	vailable in Florida, enter alternate corporate name		ess in Flori	da)
<u>Oregon</u>		45-5555481		
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)		
6/20/2012		Perpetual		
Decemb	Pate of incorporation) POF 2012	(Duration: Year corp. will cease to exist or	r "perpetua.	l")
	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		_
96000 O	verseas Hwy., APT AA3, Key La			
	(Principal office add	,		
96000 O	verseas Hwy., APT AA3, Key			
	(Current mailing ad	dress) •		
	oy a Florida resident and any		SECTAL ALL ALL	AUN 2
		ountry to be carried out in state of Florida)	Ž.	~~ ~
	se(s) of corporation authorized in nome state or a			
(Purpos	reet address of Florida registered agent: (P.	O. Box NOT acceptable)	(1) === (1) ==== (2) ====================================	
(Purpos	reet address of Florida registered agent: (P.	O. Box NOT acceptable)	EE FLORIC	2 :OI Hÿ
(Purpos	InCorp Services, Inc.	O. Box NOT acceptable)	EE FLORIDA	22 :01 HV 61 A0N 21
(Purpos). Name and <u>st</u> Name:	InCorp Services, Inc.	O. Box NOT acceptable), Florida 33470(Zip code)	E FLORIDA	MH 10: 22

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: Dr. Rupert C. J. Minnett			
Address: 96000 Overseas Hwy., APT AA3			
Key Largo, FL 33037			
Vice Chairman:			
Address:			
Director:			
Address:	,		
Director:			
Address:			
			
B. OFFICERS			
President: Dr. Rupert C. J. Minnett			
Address: 96000 Overseas Hwy., APT AA3		75	
Key Largo, FL 33037	<u> </u>	1 0	
Vice President:	<u> </u>		7
Address:	<u> </u>	<u> </u>	i ;
	STATE	- - - - -	
Secretary:	72	~	
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dire	ectors.		
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 are true and that he or she is aware that false information submitted in a document to the Department of Stathird degree felony as provided for in s.817.155, F.S.			
14. Dr. Rupert C. J. Minnett, CEO at Cogense, Inc.			

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

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

COGENSE, INC.

was

incorporated under the Oregon

Business Corporation Act

or

June 20, 2012

and is active on the records of the Corporation Division as of the date of this certificate.

SECREDARY OF STATE



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

August 23, 2012