F13000000420

(Requestor's Name)								
· (A	ddress)							
(,,	44.455)							
(Address)								
(C	ity/State/Zip/Phone #)							
PICK-UP	WAIT MAIL							
(B	usiness Entity Name)							
	ocument Number)							
U)								
Certified Copies	Certificates of Status							
Special Instructions to	Filing Officer:							
}	•							
Office Use Only								



300242686633

13 JAN 29 AH 10: 27

FILED 13 JAN 29 PH 4: ECRETARY OF SIA

T. Burch JAN 3 0 2013

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/29/13

NAME:

WISE CONNECT, INC.

TYPE OF FILING: APPLICATION

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Sec Division of Co					
SUBJECT: WISE	CONNECT, INC	•			
SOMMET.		ation - must include suffix			
Dear Sir or Madam:					
"Certificate of Existent		n for Authorization to Transac Standing" and check are subn usiness in Florida.			
Please return all corresp	pondence concerning this m	atter to the following:			
Capitol Services	s Corporate Filings	Team			
	Nam	e of Person			
Capitol Service	es, Inc.				
	Firm/	Company			
800 Brazos, S	uite 400				
	A	Address			
Austin, TX 7870					
	•	ate and Zip code			
tferchek@wiseco		100			
	E-mail address: (to be u	sed for <u>future annual report no</u>	otification)	IMPORTANT: The	
For further information concerning this matter, please call:					
	. 800	0 . 345 4647		entered here will be utilized for future	
Name of Person at (800) 345-4647 Area Code & Daytime Telephone Number				ANNUAL REPORT	
7.4	NOTIFICATIONS!!				
STREET/COL New Filing Sec Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL Enclosed is a check for	porations g Center Circle 2 32301	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	1 1	iling Fee, to of Status & Copy	

FILED

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.

 WISE CONN 	ECT, INC.			
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ΞD,	" "COMPANY," "CORPORATION,"	
+ 				<u> </u>
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	s in Florida) c
2. Delaware		3.	27-3916818	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
4. 11/09/2010		5,	perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or	'perpetual")
6. Upon filing				<u> </u>
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	· · · · · · · · · · · · · · · · · · ·
7. 1117 Perim	neter Center W., Suite E306		Atlanta, GA 30338	
	(Principal office a	ıdd	ress)	
1117 Perin	neter Center W., Suite E30)6	Atlanta, GA 30338	
	(Current mailing a	ıdd	ress)	
	unications installation and r			
9. Name and stree	et address of Florida registered agent: (I	2.C	. Box <u>NOT</u> acceptable)	
Name:	Capitol Corporate Services	<u>, l</u>	nc.	
Office Address:	155 Office Plaza Dr Ste A			
	Tallahassee (City)		, Florida 32301 (Zip code)	
10 Dogistanad aa	rantia aggantanga			

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.

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(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: Vice Chairman: Director: Patrick Healy Address: 4520 Main, Suite 1600 Kansas City, MO 64111 Director: Address: _____ B. OFFICERS President: Thomas Mohl Address: 1117 Perimeter Center W., Suite E306 Atlanta, GA 30338 Vice President: Secretary: Tracie Ferchek Address: 1117 Perimeter Center W., Suite E306 Atlanta, GA 30338 Treasurer: Address: 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. Tracie Ferchek, Secretary

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WISE CONNECT, 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 SECOND DAY OF JANUARY,
A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WISE CONNECT, INC." WAS INCORPORATED ON THE NINTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE

4896214 8300

130005575

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 0111074

DATE: 01-02-13

You may vorify this certificate onlin at corp.delaware.gov/authver.shtml