

F13000001411

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR - 1 AM 10:55

PC 4/2/13 WTS-16638



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2013

KYLE ROBERT SCHMIDT  
HUMANOID WAKE, INC.  
1259 FRAN MAR CT  
CLERMONT, FL 34711

SUBJECT: HUMANOID WAKE, INC.  
Ref. Number: W13000016638

We have received your document for HUMANOID WAKE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 213A00006696

## COVER LETTER

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

**SUBJECT:** Humanoid Wake, 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:

Kyle Robert Schmidt

Name of Person

Humanoid Wake, Inc.

Firm/Company

1259 Fran Mar Ct.

Address

Clermont, FL 34711

City/State and Zip code

kyle@humanoidwake.com

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

For further information concerning this matter, please call:

Conor P. Filter

Name of Person

at ( 651 ) 247-8868

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. **Humanoid Wake, 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. **Nevada**

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

3. **45-2444850**

(FEL number, if applicable)

4. **4/18/2011**

(Date of incorporation)

5. **Perpetual**

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

6. **3/01/2013**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **2360 Corporate Circle, Suite 400, Henderson, NV 89074**

(Principal office address)

**PO Box 3652, Boulder, CO 80307**

(Current mailing address)

8. The purpose or purposes for which the Corporation is organized is to transact all lawful business for which Corporations may be organized under the Business Corporation Act of Nevada

(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: **Kyle Robert Schmidt**

Office Address: **1259 Fran Mar Ct.**

**Clermont**

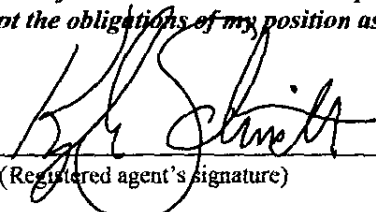
(City)

, Florida **34711**

(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.*

  
(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.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Glenn Hartman

Address: 2360 Corporate Circle, Suite 400

Henderson, NV 89074

Director: Kyle Schmidt

Address: 2360 Corporate Circle, Suite 400

Henderson, NV 89074

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**B. OFFICERS**

President: Joel M Hilliard

Address: 2360 Corporate Circle, Suite 400

Henderson, NV 89074

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Joel M Hilliard

Address: 2360 Corporate Circle, Suite 400, Henderson, NV 89074

Treasurer: Joel M Hilliard

Address: 2360 Corporate Circle, Suite 400, Henderson, NV 89074

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/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 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. Kyle Robert Schmidt, Director

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

**ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

12. Names and business addresses of additional officers and/or directors:

**A. DIRECTORS**

Director: Jeffrey Hartman

Address:

2360 Corporate Circle – Suite 400

Henderson, NV 89074

Director: Joel M. Hilliard

Address:

2360 Corporate Circle – Suite 400

Henderson, NV 89074

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# SECRETARY OF STATE



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DIVISION OF CORPORATIONS

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## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HUMANOID WAKE, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 18, 2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 1, 2013.



*[Signature]*  
ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20130401-0146  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>