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(F	Requestor's Name)	
(/	Address)	
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1)	Business Entity Name)	
(1)	Document Number)	·
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only



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3 JUN 24 PM 2: 2

COVER LETTER

TO:	New Filing Section
	Division of Corporations

SUBJECT: ipCreate 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			•
ipCreate Inc			_
Firm/Company			
426 Industrial Avenue, Suite 150			_
Address			-
Williston, VT 05495			_
City/State and Zip code			
Slasko@ipcg.com /	EH.	ಪ	
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:	1333	24	
Charan Lasks 902 950 7900 ovt 206	ing m	P.:	D
Sharon Lasko at (802) 859-7800 ext. 206		5	
Name of Person Area Code & Daytime Telephone Number		29	

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

Enc	losed	is	a c	heck	for	the	fol	low	ing	amo	un	t:
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□ \$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.

ipCreate	corporation; must include "INCORPORATE	" "COMPANY" "CORPORATION."	
"Inc.," "Co.," "(Corp," "Inc," "Co," or "Corp.")	o, commun, com outrion,	
		te adopted for the purpose of transacting busine	ess in Florida)
Delawar		3. <u>46-0860113</u>	
· •	under the law of which it is incorporated)	(FEI number, if applicable)	
8/22/201		, perpetual	
•	e of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
_{s.} 6/15/201			
	,	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
426 Indus	strial Avenue, Suite 150	1002, 1101, to determine permity matrixy	
	(Principal office ad	dress)	
Williston,	VT 05495	·	
	(Current mailing ad	dress)	
Business	o Operations		·
(Purpose(s	s) of corporation authorized in home state or o	country to be carried out in state of Florida)	
. Name and stree	et address of Florida registered agent: (P	.O. Box NOT acceptable)	JUN 24
X 2	Corporation Service Comp	pany	法 2
Name:			
Office Address:	1201 Hays Street		
Title Tradition.	T tt - loor	, Florida 32301 (Zip code)	- 5s s
Jilloo y ada ooo.	Tallahasee	, Florida	と 監監

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.

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 Cronin Address: 426 Industrial Avenue, Suite 150 Williston, VT 05495 Vice Chairman: Address: Director: Address: __ Director: _ Address: **B. OFFICERS** President: John Cronin Address: 426 Industrial Avenue, Suite 150 Williston, VT 05495 Vice President: ____ Address: Secretary: Address: Treasurer: Pete Conley Address: 426 Industrial Ave, Suite 150 Williston, VT 05495 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. (Typed of printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IPCREATE 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 FIFTEENTH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IPCREATE INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2012.

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.

13 JUN 24 PH 2: 29

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130583934

AUTHENTICATION: 0433616

DATE: 05-15-13

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