

F13000004999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

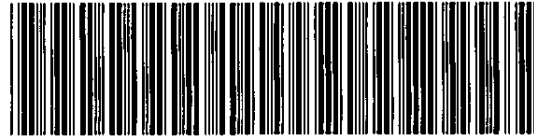
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700253651757

RECEIVED
DEPARTMENT OF STATE
13 NOV 18 PM 4:19

FILED
13 NOV 18 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/19

8



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 849057 7687366

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : October 16, 2013

ORDER TIME : 3:36 PM

ORDER NO. : 849057-005

CUSTOMER NO: 7687366

FOREIGN FILINGS

NAME: HAPPYORNOT AMERICAS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

FILED
13 NOV 18 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. HappyorNot Americas Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. Delaware 3. 46-3013514
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 14, 2013 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 801 South Olive Avenue, Suite 113, West Palm Beach, FL 33401
(Principal office address)
801 South Olive Avenue, Suite 113, West Palm Beach, FL 33401
(Current mailing address)
8. Customer service survey device used in retail locations
(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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act 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.

Corporation Service Company
By: 
(Registered agent's signature)

Sue G. Knight
Assistant Vice President

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 record in the jurisdiction under the law of which it is incorporated.

FILED
13 NOV 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Todd Theisen

Address: 801 South Olive Avenue, Suite 113

West Palm Beach, FL 33401

Director: _____

Address: _____

B. OFFICERS

President: Todd Theisen

Address: 801 Olive Avenue, Suite 113

West Palm Beach, FL 33401

Vice President: _____

Address: _____

Secretary: Todd Theisen

Address: 801 Olive Avenue, Suite 113, West Palm Beach, FL 33401

Treasurer: Todd Theisen

Address: 801 Olive Avenue, Suite 113, West Palm Beach, FL 33401

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

13. Todd Theisen _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the information stated herein is 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. Todd Theisen PRESIDENT _____
(Typed or printed name and capacity of person signing application)

FILED
13 NOV 18 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAPPYORNOT AMERICAS 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 SIXTEENTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAPPYORNOT AMERICAS INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JUNE, A.D. 2013.

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

FILED
13 NOV 18 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5351798 8300

131203288

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0819485

DATE: 10-16-13