(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





ON SERVICE COMPANY	
ACCOUNT NO. :	I2000000195
REFERENCE :	963713 7956477
AUTHORIZATION :	Spelle ran
COST LIMIT :	\$ 720 60 SK
ORDER DATE : January 15, 2014	
ORDER TIME : 3:56 PM	
ORDER NO. : 963713-035	
CUSTOMER NO: 7956477	E OR
FOREIGN FILI	NGS
NAME: CONFIRMIT, INC.	
XXXX QUALIFICATION (TYPE: CO)	
PLEASE RETURN THE FOLLOWING AS PR	OOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAND	ING
CONTACT PERSON: Susie Knight	EXT# 52956
	EXAMINER:

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Confirmit 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:
Patricia M. Vitiello
Name of Person
Confirmit, Inc
Firm/Company
3307th Ave 3rd fl
Address
New York NY 10001 City/State and Zip code
Datricia. Vitie// Confirmit. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia Vitiello mala, 6601818
Name of Person 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 Certificate of Status □ \$78.75 Filing Fee Certified Copy □ \$87.50 Filing Fee, Certified Copy □ \$87.50 Filing Fee, Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	EWITH SECTION 607.1503, FLORIDA'S REIGN CORPORATION TO TRANSACT A		,	o
	rmit, Inc.		2-17	7
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	Hanski	15 M
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Flor	ida) 🗪
2. Trelaw	A*P 3	51-0403999	无法	20
	under the law of which it is incorporated)	51-0403999 (FEI number, if applicable)	59*	
4. 69-13.	3000 5.	Percetus ((Duration: Year corp. will cease to exist of		
(Date				
6. <u>Sales ta</u> 7. 330 7	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 \) (Principal office add	502, F.S., to determine penalty liability)	<u>885 7.</u>	<u>n</u> FL
	(Principal office add	ress)		
SAME				
	(Current mailing add	ress)		
8. <u>Soft</u> (Purpose(s	Are AS A SERVICE) of corporation authorized in home state or co	entry to be carried out in state of Florida)	rvey Softu	Are Co
9. Name and stree	t address of Florida registered agent: (P.0	D. Box NOT acceptable)		
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee	. Florida 32301		
	(City)	(Zip code)		
Having been nam designated in this further agree to co duties, and I am f	gent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoints omply with the provisions of all statutes is amiliar with and accept the obligations of Corporation Service Company	ment us registered agent and agree to a relative to the proper and complete per if my position as registered agent. Sue G. Knight Assistant Vice Preside	ict in this formance	capacity. I
	(Registered agent's si	gnature)		

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:	Aut 1 Ab
Address:	
	TO CO
	5, 6
Vice Chairman:	
Address:	<u> </u>
	五兰 2
Director: Ken Ostrena	Ja-
Address: 330 7m Ave 300 fl	
NY NY LOOGI	
Director:	······································
Address:	
B. OFFICERS	
President: Henning Hansen	
Address: 330 744 Ave 3rd fl	
New York NY 10001	
Vice President:	
Address:	3
Secretary: Patricia Vitiello	
Address: 330 7th Ave 3rd FLA	14. NY 1000 (
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors.
13. <u>See Below</u> Signature of Director or Office	
Signature of Director of Office The officer or director signing this document (and who is listed in number	
are true and that he or she is aware that false information submitted in a do	ocument to the Department of State constitutes
a third degree felony as provided for in s.817.155, F.S.	and the time
14. Tulmus II. 11.0 (5 Controller and (Typed or printed name and capacity of person significant of the controller and capacity of the	Corporate Secretary

Delaware The First State

PAGE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONFIRMIT, 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 TWENTY-SIXTH DAY OF DECEMBER, A.D. 2013.

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

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONFIRMIT, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2000.

3287929 8300

131477821

AUTHENTACATION: 1014296

DATE: 12-26-13