Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000029889 3)))



H140000298693ABC8

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future

FOREIGN PROFIT/NONPROFIT CORPORATION FAIRSAIL INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

50 500			
TO: New Filing Section Division of Corporatio	ns		
SUBJECT: FAIRSAIL INC.			
	Name of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or " above referenced foreign corpo	Certificate of Good S ration to transact bus	tanding" and check are sub iness in Florida.	
Please return all correspondence	ce concerning this mat	tter to the following:	
	Name	of Person	
CT Corporation System			
	Firm/C	ompany	
1200 South Pine Island Road			
	Ad	dress	
Plantation, FL 33324			ALLI SEC
	City/State	and Zip code	AR EB
CT-statecommunications@wolter	skluwer.com		2021 <u>1</u>
E-m	ail address: (to be use	d for future annual report i	
For further information concer	ning this matter, pleas	e call:	PM 12: 24 OF STATE E FLORIC
Angela Lamaruggine	at (316-8944	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Name of Person	Arc	a Code & Daytime Teleph	one Number
STREET/COURIER New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ns Circle	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the following	owing amount:		
	78.75 Filing Fee & Pertificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 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.

FAIRSAIL INC				
(Enter name of co	rporation; must inclu rp," "inc," "Co," or	de "INCORPORATED,' "Согр.")	"COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter	alternate corporate name	adopted for the purpose of transacting business in Florid	la)
2. Delawsre		3.	(FEI number, if applicable)	
(State or country u	nder the law of whic	h it is incorporated)	(FEI number, if applicable)	
11-14-2013		5,	Perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual	")
·	(D-1	None and a second and a second as a second	n Florida, if prior to registration)	
			n Florida, it prior to registration) 502, F.S., to determine penalty liability)	
71 STEVENSON	STREET, SUITE 40	0, SAN FRANCISCO, C	A 94105	
· 		(Principal office add	ress)	_
71 STEVENSON	STREET, SUITE 4	00, SAN FRANCISCO, C	CA 94105	·,
		(Current mailing add	rcss)	
8.	EES LIVING IN STA			
(Purpose(s)	of corporation author	orized in home state or co	ountry to be carried out in state of Florida)	
Name and stree	t address of Florida	a registered agent: (P.0	O. Box NOT acceptable)	<u>_</u>
Name:	C T Corporation	System		لىك خ
Office Address:	1200 South Pine I	sland Road	HAS	7) 20 70
		Plantation	Florida 33324	n
		(City)	, Florida 33324 MC (Zip code)	<u> </u>
in Peristered un	ent's acceptance:	,		
			ice of process for the above stated corporation at	
lesignated in this	application, I here	by accept the appoint	ment as registered agent and agree to act in this c	apacity.
			relative to the proper and complete performance of If my position as registered agent.	of my
	C T Corporation	System		
В	•	•	Connie Bryan	
		(Registered agent's s	Ignature) ASSISTON GOORICIL	

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:		_	
Address:		_	
		_	
Vice Chairman:			
Address:		_	
		_	
Director:		_	
Address:		_	
		_	
Director:		_	
Address:		_	
	₹-		
B. OFFICERS		1	
President: ADAM HALE	Ξĥŋ		Total Land
Address: 71 STEVENSON STREET, SUITE 400, SAN FRANCISCO, CA 94105	S	_p	
	m _c ;	-P	[1]
Fice i resident.	500	<u>_</u>	
Address: 71 STEVENSON STREET, SUITE 400, SAN FRANCISCO, CA 94105	溫	<u>-</u> 2	
	3.×	_	
Socretary: NICHOLAS HARBER		_	
Address: 71 STEVENSON STREET, SUITE 400, SAN FRANCISCO, CA 94105		_	
Treasurer: NICHOLAS SCOTT		_	
Address: 71 STEVENSON STREET, SUITE 400, SAN FRANCISCO, CA 94105		_	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
13. N. Harber		_	
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	her ei n		
are true and that he or she is aware that false information submitted in a document to the Department of State cor a third degree felony as provided for in s.817.155, F.S.	rstitutes		
14. NICHOLAS HARBER - SECRETARY			
(Typed or 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 "FAIRSAIL 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 SIXTH DAY OF FEBRUARY, A.D. 2014.

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

14 FEB -6 PH 12: 24

5432534 8300

140139584

You may vorify this certificate coling at corp. dolaware. gov/authour. shtml

Jeffrey W. Bullock, Secretary of State

DATE: 02-06-14