3/20/2014 11:28:13 From: To: 8506176381

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From:

Account Name

: C T CORPORATION

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: (850)222-1092 Fax Number : (850) 878-5368

date of submission 3/19

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Corporate Filing Menu

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TO: New Filing Se Division of Co			
SUBJECT: goderna	i Inc.		
	Name of corpor	ation - must include suffix	
Dear Sir or Madam:			
"Certificate of Existen	ntion by Foreign Corporation ce." or "Certificate of Good gn corporation to transact b	n for Authorization to Transs Standing" and check are substitutes in Florida.	act Business in Florida." bmitted to register the
Piease return all corres	pondence concerning this n	natter to the following:	
Jesse Sandoval		J	
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S \$70.00 Filing Fee	S78.75 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

"Inc" "Co" "C	corporation: must include "INCORPORATE forp." "Inc." "Co." or "Corp.")	D." -COMPANY," -CORPORATION,"			
(if name unavail	able in Florida, enter alternote corporate nam	ne adopted for the purpose of transacting business in Florida)			
Delaware		3.			
(State or country	under the law of which it is Incorporated)	(FEI number, if applicable)			
03/10/2014		S. perpetual			
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
		s in Florida. If prior to registration) 7.1502, F.S., to determine penalty liability)			
500 7th Ave. Ste	17A, New York, New York 10018	, and the second parameters of the second para			
	(Principal office a	ddress)			
	(Principal office a (Current mailing a		1	4	
To operate, man	(Current mailing a		SEC	14 14	
	(Current mailing a Act and sell software and online products the	aldress) Aldress Property Pr	SECHE	14 HAR	2.%
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(Purposet:	tCurrent mailing a feet and sell software and online products the shof corporation authorized in home state or et address of Florida registered agent: (1	al facilitate communication between physicians and patients. country to be carried out in state of Florida) P.O. Box NOT acceptable)	ANT OF A	19 AH	
(Purpose): Name and stree Name:	(Current mailing a ket and self software and online products the shof corporation authorized in home state or et address of Florida registered agent: (I C T Corporation System	al facilitate communication between physicians and patients. country to be carried out in state of Florida) P.O. Box NOT acceptable)		9	

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 abligations 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 sustody of corporate records in the jurisdiction under the law of which it is incorporated.

SLEEP 11 I CANS Widow Klass Children

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Simon Lorenz	
Address: Rosenthaler Strasse 36, 10178 Berlin, Germany	
Vice Chairman:	
Address: Rusenthaler Strasse 36, 10178 Berlin, Germany	
Division	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	<u>≯</u> S
fesse Sandovut	<u> 5-2</u>
Address: 500 7th Ave. Ste 17A, New York, New York 10018	
	S
Vice President: Jesse Sandovál	71.55
500 7th Ave Ste LTA New York New York 10018	S = 5
Address:	
Secretary: Jesse Sandoval	
Address: 500 7th Ave. Ste 17A, New York, New York 10018	
Treasurer: Jesse Sandoval	
Address: 500 7th Ave, Ste 17A, New York, New York 10018	
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 in	weein
are true and that he or she is aware that false information submitted in a document to the Department of State con	stitutes
a third degree felony as provided for in s.817.155, F.S.	

(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 "GODERMA 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 SEVENTEENTH DAY OF MARCH, A.D. 2014.

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

14 MAR 19 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5495314 8300 140339654



AUTHENTI (VATION: 1212478

DATE: 03-17-14