

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001737943)))



H140001737943ABC3

Note:	DO NOT hit the REFRESH/RELOAD button on your browser	from this page
	Doing so will generate another cover sheet.	1
		حر _ّ

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION

Prophezee, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

Ť.

COVER LETTER

	New Filing Sec Division of Cor				
SUBJE	PROPHI	ZEE, INC.			
SOBJE	λι:	Name o	of corporat	ion - must include suffix	
Dear Sir	or Madam:				
"Certific	cate of Existenc		of Good S	for Authorization to Transa standing" and check are sub liness in Florida.	
Please n	eturn all corresp	opadence concerní	ng this ma	tter to the following:	
			Name	of Person	
C T Con	poration System				
			Firm/C	Company	
1200 So	uth Pine Island R	oad			
Plantati	on FL 33324		A	ldress	
			City/Stat	e and Zip code	
CT-State	ecommunications	@wolterskluwer.com	n	•	
		E-mail address	: (to be us	ed for future annual report i	notification)
For furth	her information	concerning this m	atter, plea	se call:	
Angela l	amanuggine		at (316-8944	
	Name of Perso			ea Code & Daytime Teleph	one Number
	STREET/COL New Filing Sec Division of Co Clifton Buildin 2661 Executive Tallahassec, Fl	rporations g : Center Circle	S:	MAILING A New Filing Se Division of Co P.O. Box 632' Tallahasscc, F	ection orporations 7
Enclose	d is a check for	the following amo	unt:		
570 .0	00 Filing Fee	Certificate of		S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTOR BUSINESS IN FLORIDA

BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED 1 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. PROPHEZEE, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) 07-10-2014 (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4899 CHARDONNAY DRIVE / CORAL SPRINGS, FL 33067 (Principal office address) 4899 CHARDONNAY DRIVE / CORAL SPRINGS, FL 33067 (Current mailing address) 8. Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: 33324 **Plantation** Florida (City) (Zip code)

9. Registered agent's acceptance:

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.

By: Vice Procident & Assistant Sourciary

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:					
A. DIRECTORS	ies.	غ سد			
Cheirman: IEFFREY A. FAIELLO	<u> </u>	<u>م</u> س	11		
Address: 4899 CHARDONNAY DRIVE	<u> </u>	Ē			
CORAL SPRINGS, FL 33067	AS E	22	Amala 1		
Vice-Chairman: JUAN CARLOS NOVOA	m <u> </u>	<u>H</u>	TT1		
Address: 8505 VIA D'ORO	FLE				
BOCA RATON, FL 33433	RIBE				
Director:	T				
Address:					
Director:		,			
Address:					
B. OFFICERS					
President:					
Address:					
Vice President:	 .				
Address:					
					
Secretary:					
Address:					
Treasurer:					
Address:			-		
NOTE: If necessary, you may attach an addendate to the application listing additional officers of the application listi	and/or direc	tors.			
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. JUAN CARLOS NOVOA (CHIEF ZER OFFICER), (IEEE ZER OFFICER).					
13. IUAN CARLOS NOVOA (CHIEF ZEE OFFICER) / JEFFREY A. FAIELLO (CHIEF ZEE OFFICE	IR)				

(Typed or printed name and capacity of person signing application)

Delaware

DACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF THE STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROPHEZEE, 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-SECOND DAY OF JULY, A.D. 2014.

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

5566126 8300

140980005

You may verify this certificate onlin at corp. dolaware.gov/authver.shtml

AUTHENTY CATION: 1554392

DATE: 07-22-14