# F14000003125

| (Re                                     | questor's Name)   |             |  |  |
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| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
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| Special instructions to Filing Officer: |                   |             |  |  |
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### FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

07-24-14

NAME:

ARRIA NLG (USA) INC

TYPE OF FILING: FOREIGN CORPORATION APPLICATION

COST:

70.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE (

#### **COVER LETTER**

| TO:            | New Filing Se<br>Division of Co                     |   |           |  |  |
|----------------|---|---|-----------|--|--|
| SUBJ           | ECT: ARF  | RIA NLG (USA  | ) INC     | <b>)</b> .   |  |
|                |   |   |           | - must include suffix  |  |
| Dear S         | ir or Madam:  |   |           |  |  |
| "Certif        | icate of Existen                                    | ntion by Foreign Corpora<br>ce," or "Certificate of Go<br>gn corporation to transac | ood Star  | iding" and check are sul   | act Business in Florida,"<br>bmitted to register the               |
| Please         | return all corres                                   | spondence concerning thi  | is matter | to the following:  |  |
| Jen            | nifer Mei   | er  |           |  |  |
|                |   | N   | ame of    | Person   |  |
| Reg            | istered A   | Agents Legal S  | Servi     | ces, LLC   |  |
|                |   | Fi  | rm/Com    | pany   |  |
| 101            | 3 Centre  | Road, Suite 4   | ·03S      |  |  |
|                |   |   | Addre     | ess  |  |
| Wilr           | nington,  | DE 19805  |           |  |  |
|                |   | •   | /State a  | nd Zip code  |  |
| tom.           | .makeig@  |   |           |  |  |
|                |   | E-mail address: (to b   | e used f  | or future annual report  | notification)  |
| For fur        | ther information                                    | concerning this matter,   | please c  | all:   |  |
| Jen            | nifer Mei   | er at (8  | 00        | , 400-6650   |  |
|                | Name of Perso                                       |   |           | Code & Daytime Teleph  | one Number   |
|                | New Filing Sec<br>Division of Co<br>Clifton Buildin | rporations<br>ig<br>e Center Circle   |           | MAILING A<br>New Filing Se<br>Division of Co<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7   |
| Enclose        | ed is a check for                                   | the following amount:   |           |  |  |
| <b>□ \$</b> 70 | .00 Filing Fee                                      | □ \$78.75 Filing Fee of Certificate of State  |           | \$78.75 Filing Fee & Certified Copy  | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

|  | able in Florida, enter alternate corporate name  | adopted for the purpose of transacting business in Florida | _                |
|--|--|--|------------------|
| J.   |  | 46-4710882   |                  |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |  |  |                  |
| January 21, 2014 <sub>5.</sub> P   |  | Perpetual  | _                |
| (Date of incorporation)  |  | (Duration: Year corp. will cease to exist or "perpetual")  |                  |
|  |  |  | _                |
|  | (Date first transacted business in<br>(SEE SECTIONS 607.1501 & 607.13  | n Florida, if prior to registration)                       |                  |
|  |  |  |                  |
| 80 Broad   |  |  |                  |
| 80 Broad   | Street, 6th Floor, New Yo  | ork, NY 10004  | _                |
| <u> </u>   | Street, 6th Floor, New Yo  | ork, NY 10004  | -                |
|  | Street, 6th Floor, New Yo<br>(Principal office add<br>31, Fairfield, IA 52556  | ork, NY 10004  | - SFO            |
| <u> </u>   | Street, 6th Floor, New Yo  | ork, NY 10004  | SFC S            |
| PO Box 9   | Street, 6th Floor, New Yo<br>(Principal office add<br>31, Fairfield, IA 52556<br>(Current mailing add  | ork, NY 10004<br>dress)                                    | SECRETAL 24      |
| PO Box 9   | Street, 6th Floor, New You<br>(Principal office add<br>31, Fairfield, IA 52556<br>(Current mailing add<br>et address of Florida registered agent: (P.C.)                                     | ork, NY 10004  tress)  tress)  O. Box NOT acceptable)      |                  |
| PO Box 9   | Street, 6th Floor, New Yo<br>(Principal office add<br>31, Fairfield, IA 52556<br>(Current mailing add  | ork, NY 10004  tress)  tress)  O. Box NOT acceptable)      |                  |
| PO Box 9   | Street, 6th Floor, New You<br>(Principal office add<br>31, Fairfield, IA 52556<br>(Current mailing add<br>et address of Florida registered agent: (P.C.)                                     | ork, NY 10004  tress)  O. Box NOT acceptable)  LLC         | SECRETY AM 9: 11 |
| PO Box 9  Name and stree  Name:  | Street, 6th Floor, New You<br>(Principal office add<br>31, Fairfield, IA 52556<br>(Current mailing add<br>et address of Florida registered agent: (P.C.<br>Registered Agents Legal Services, | ork, NY 10004  tress)  O. Box NOT acceptable)  LLC         |                  |

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.

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.



|                   |  | 1 1:44                                    |  |  |  |  |
|-------------------|--|---|--|--|--|--|
| 11. Names and     | business addresses of officers and/or directors:   | 14 JUL 24 AH 9: 14                        |  |  |  |  |
| A. DIRECTO        |  |   |  |  |  |  |
| Chairman:         |  | SECRETARY OF STATE<br>TAILAHASSEE ELORIDA |  |  |  |  |
| Address:          |  |   |  |  |  |  |
|                   |  |   |  |  |  |  |
| Vice Chairman:    |  |   |  |  |  |  |
| Address:          |  |   |  |  |  |  |
| Stu               | art Rogers   |   |  |  |  |  |
|                   | ace One, 1 Beadon Road, Hammersmith  |   |  |  |  |  |
|                   | don, UK W6 0EA   |   |  |  |  |  |
|                   |  |   |  |  |  |  |
| Cna               | yne Thornhill  |   |  |  |  |  |
| Address           | ice One, 1 Beadon Road, Hammersmith  |   |  |  |  |  |
| LON               | don, UK W6 0EA   |   |  |  |  |  |
| B. OFFICERS       |  |   |  |  |  |  |
|                   | uart Rogers  |   |  |  |  |  |
| •                 | Space One, 1 Beadon Road, Hammersmith  |   |  |  |  |  |
| Lon               | idon, UK W6 0EA  |   |  |  |  |  |
| Vice President:   |  |   |  |  |  |  |
| Address:          |  |   |  |  |  |  |
|                   |  |   |  |  |  |  |
| Secretary: The    | omas Makeig  |   |  |  |  |  |
| Address: 601      | S. 23rd Street, PO Box 931, Fairfield, IA 5255   | 6   |  |  |  |  |
| Treasurer: Wa     | ayne Thornhill   |   |  |  |  |  |
| Address: Spa      | ice One, 1 Beadon Road, Hammersmith, Lond  | on, UK W6 0EA                             |  |  |  |  |
| NOTE: If nece     | essary, you may attach an addendum to the application listing additional of  | fficers and/or directors.                 |  |  |  |  |
| 12                | They, Makeig<br>Signature of Director or Officer   |   |  |  |  |  |
| The officer or d  | Signature of Director or Officer   | ome that the facts stated become          |  |  |  |  |
| are true and that | lirector signing this document (and who is listed in number 12 above) affine the or she is aware that false information submitted in a document to the belony as provided for in s.817.155, F.S. |   |  |  |  |  |
| 13. Secreta       | ary Thomas Makeig  |   |  |  |  |  |

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

SECRETARY OF STATE



SECRETARY OF STATE

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ARRIA NLG (USA) INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 21, 2014, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20140723-3072
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 23, 2014.

ROSS MILLER Secretary of State 14 JUL 24 NH 9: 14