

F14 000003491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

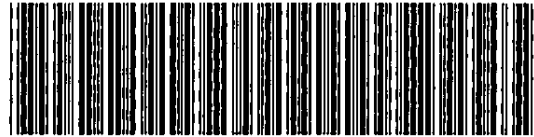
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800261319558

800261319558
08/15/14--01021--016 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 15 PM 1:55

APPROVED
AND
FILED

1/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: X-MODE, 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:

JUSTIN TROXELL

Name of Person

X-MODE, INC.

Firm/Company

1391 NW ST LUCIE WEST BLVD, #251

Address

PORT ST LUCIE, FL 34986

City/State and Zip code

XMSHOT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN TROXELL at (**888**) **570-4163**

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 ☐ \$78.75 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
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. X-MODE, 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)
2. DELAWARE 3. 46-2735160
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 07, 2013 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1391 NW ST LUCIE WEST BLVD, #251 PORT ST LUCIE, FL 34986
(Principal office address)
- 1391 NW ST LUCIE WEST BLVD, #251 PORT ST LUCIE, FL 34986
(Current mailing address)

14 AUG 15 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

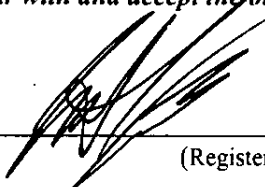
Name: JUSTIN TROXELL

Office Address: 1391 NW ST LUCIE WEST BLVD, #251

PORT ST LUCIE, Florida 34986
(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.


(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.

APPROVED
AND
FILED

14 AUG 15 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JUSTIN TROXELL
Address: 1391 NW ST LUCIE WEST BLVD, #251
PORT ST LUCIE, FL 34986

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. JUSTIN TROXELL

(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 "X-MODE, 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 AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "X-MODE, INC." WAS INCORPORATED ON THE SEVENTH DAY OF MAY, A.D. 2013.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 15 PM 1:56

APPROVED
AND
FILED

5330778 8300

141028440

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1598665

DATE: 08-06-14