

F14000004615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

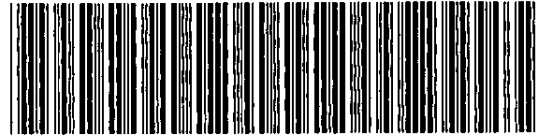
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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RECEIVED  
DEPARTMENT OF STATE  
14 OCT 31 AM 10: 54

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

1/4



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 340061 7772634  
AUTHORIZATION : *[Handwritten Signature]*  
COST LIMIT : \$ 70.00

ORDER DATE : October 16, 2014  
ORDER TIME : 9:54 AM  
ORDER NO. : 340061-065  
CUSTOMER NO: 7772634

FOREIGN FILINGS

NAME: H.BLOOM, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** H.Bloom, 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:

Srimant Panda

\_\_\_\_\_  
Name of Person

H.Bloom, Inc.

\_\_\_\_\_  
Firm/Company

632 West 28th Street, Floor 3

\_\_\_\_\_  
Address

New York, NY 10001

\_\_\_\_\_  
City/State and Zip code

corporate@hbloom.com

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

For further information concerning this matter, please call:

Srimant Panda

877 425-6665

at ( )

\_\_\_\_\_  
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. H.BLOOM, 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. 27-1169540  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/16/2009 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/02/2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 632 WEST 28TH STREET, FLOOR 3, NEW YORK, NY 10001  
(Principal office address)

632 WEST 28TH STREET, FLOOR 3, NEW YORK, NY 10001  
(Current mailing address)

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

Name: Corporation Service Company


Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.*

Corporation Service Company

By:   
(Registered agent's signature)

**Courtney Williams**  
**Asst. Vice President**

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.

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

**A. DIRECTORS**

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Chairman: Please see attached

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Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: BRYAN BURKHART

Address: 632 WEST 28TH STREET, FLOOR 3, NEW YORK, NY 10001

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: SRIMANT PANDA

Address: 632 WEST 28TH STREET, FLOOR 3, NEW YORK, NY 10001

NOTE: Bryan Burkhart 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. BRYAN BURKHART, President

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

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**H.BLOOM, INC.**

**Directors**

THOMAS LEHRMAN  
632 WEST 28TH STREET  
FLOOR 3  
NEW YORK NY 10001

BRYAN BURKHART  
632 WEST 28TH STREET  
FLOOR 3  
NEW YORK NY 10001

SRIMANT PANDA  
632 WEST 28TH STREET  
FLOOR 3  
NEW YORK NY 10001

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# Delaware

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "H.BLOOM, 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 THIRTIETH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "H.BLOOM, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2009.

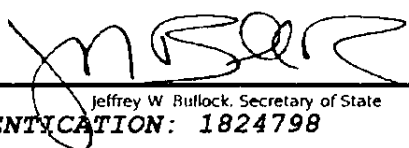
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4742750 8300

141354694



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1824798

DATE: 10-30-14