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.

(((H15000037063 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

FLORIDA PROFIT/NON PROFIT CORPORATION

Slip Away, Inc.

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

FEB '1' 8 2015

S. GILBERT

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Corporate Filing Menu

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COVER LETTER

TO: New Filing S Division of C			
SUBJECT:	SLIF	AWAY, INC.	
	Name of corpora	tion - must include suffix	_
Dear Sir or Madam:			
"Certificate of Existe	ation by Foreign Corporation nce," or "Certificate of Good ign corporation to transact bu	Standing" and check are su	
Please return all corre	spondence concerning this ma	atter to the following:	
	Wend	ly Hefley	
	Name	of Person	
	InCorp So	ervices, Inc.	
	Firm/C	Company	
	2360 Corporate	e Circle, Suite 400	
	A	ddress	
	Henderso	n, NV 89074	
	City/Sta	te and Zip code	
		@incorp.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	ise call:	
Vandy Haffay, for In	Corn Sarvinos 70	900 2500	
Name of Per	Corp Services, at (703		Nt
Nume of Per	son Ai	rea Code & Daytime Teleph	one Number
New Filing Son Division of Control Building 2661 Execution Tallahassee, I	orporations ing ve Center Circle FL 32301	MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7
■ \$70.00 Filing Fee	or the following amount: ☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 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. SLIP AWA	·				
	orporation; must include "INCORPORATE! 'orp," "Inc," "Co," or "Corp.")	D, "	"COMPANY," "CORPORATION,"		
110., Co., C	orp, me, co, or corp.)				
(If name unavail	able in Florida, enter alternate corporate nan	ne a	dopted for the purpose of transacting business	in Florida)	
Delaware	·		47-2958927		
·	y under the law of which it is incorporated)	J	(FEI number, if applicable)		
January 2	6, 2015	5.	Perpetual		
·· 	of incorporation)	J. ,	(Duration: Year corp. will cease to exist or "p	erpetual")	
Upon regi	stration				
	•		Florida, if prior to registration)		
	•		02, F.S., to determine penalty liability)		
7. 205 SW 28	8th Street, Fort Lauderdale, FL 33	31	5		
	(Principal office a	ddn	ess)		
205 SW 28	8th Street, Fort Lauderdale, FL 33	31	5	ξ, 5 ή	
	(Current mailing a	ddr	ess)		
				σ	
8. Name and stree	et address of Florida registered agent: (1	P.O	Box NOT acceptable)		
Name:	InCorp Services, Inc.				
Office Address:	17888 67th Court North			8: 14. STATE	
	Loxahatchee		Florida 33470	er F ⊁	
	(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.

Wendy Hefley on behalf of InCorp Services, Inc.

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. DIKE	CIORS
Chairman:	
	•
Vice Chair	man:
Director:	
Director:	
B. OFFIC	CERS
	Michael Pelon
Address:	205 SW 28th Street
	Fort Lauderdale, FL 33315
Vice Presid	ent:
	•
_	
Secretary:	
Address:	
Treasurer:	
Address: _	
	negessary, you may attach an addendum to the application listing additional officers and/or directors.
12. //	A Sold-
	Signature of Director or Officer
	or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein
	d that he or she is aware that false information submitted in a document to the Department of State constitutes ree felony as provided for in s.817.155, F.S.
13	Michael Pelon/President
-: 	(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SLIP AWAY, 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 TWELFTH DAY OF FEBRUARY, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SLIP AWAY, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2015.

5680992 8300

150187121

You may vorify this certificate online at corp. chlaware.gov/authver.shtml

AUTHENTY CATION: 2116632

DATE: 02-12-15