

03/02/2015

FAX

215 977 9386

BURR KEIM CO

1001

**F150000000868**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H150000507123ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR -2 AM 10:30

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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**PF@-COM, INC>**

Certificate of Status	0
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03/02/2015 12:38 FAX 215 977 9386  
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M BURR KEIM CO  
3/2/2015 11:29:50 AM PAGE

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March 2, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

M. BURR KEIM COMPANY

SUBJECT: PF@-COM, INC.  
REF: W15000014714

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000050712  
Letter Number: 615A00004228

RECEIVED  
15 MAR -2 PM 12:59  
TALLAHASSEE, FLORIDA

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. PF @-COM, 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

(State or country under the law of which it is incorporated)

3. 47-2262464

(FEI number, if applicable)

## 4. October 23, 2014

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

## 6.

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

## 7. 8 Campus Drive, Parsippany, NJ 07054

(Principal office address)

8 Campus Drive, Parsippany, NJ 07054

(Current mailing address)

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

Name: W. Bradley Munroe, Esquire

Office Address: 239 East Virginia Avenue

Tallahassee, Florida 32301

(City)

(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## 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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Laurent Saffre

Address: 8 Campus Drive, Parsippany, NJ 07054

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

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

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

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

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

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

B. OFFICERS

President: Laurent Saffre

Address: 8 Campus Drive, Parsippany, NJ 07054

Vice President: Nicolas Pizzie

Address: 8 Campus Drive, Parsippany, NJ 07054

Secretary: Anthony Carroll

Address: 8 Campus Drive, Parsippany, NJ 07054

Treasurer: Nicolas Pizzie

Address: 8 Campus Drive, Parsippany, NJ 07054

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. Laurent Saffre, President

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

APPROVED  
AND  
FILED

005

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**Delaware**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PF @-COM, 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-SIXTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PF @-COM, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2014.

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

5626684 8300

150268539

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2151523

DATE: 02-26-15