

FIS000001392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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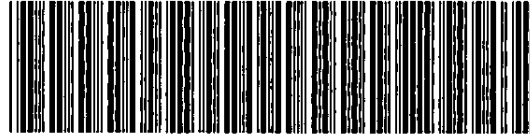
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/30/15--01043--017 **70.00

FILED
15 MAR 30 12:14
TALLAHASSEE, FLORIDA
STATE DEPT OF TREASURY

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Backbone North America, 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:

Nikki Tillekens

Name of Person

Backbone North America, Inc.

Firm/Company

902 Broadway, 8th Floor

Address

New York, NY 10010

City/State and Zip code

nikki@backbone-international.com

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

For further information concerning this matter, please call:

Nikki Tillekens

Name of Person

at (646) 7715446

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. **Backbone North America, 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. **46-2342755**

(FEI number, if applicable)

4. **03/20/2013**

(Date of incorporation)

5. **Perpetual**

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

6. Upon Registration

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **902 Broadway, 8th Floor, New York, NY 10010**

(Principal office address)

902 Broadway, 8th Floor, New York, NY 10010

(Current mailing address)

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

Name: **InCorp Seviles, Inc.**

Office Address: **17888 67th Court North**

Loxahatchee


(City)

, Florida **33470**

(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.

 Sara Bravtigan on behalf of InCorp Services, Inc.
(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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15 MAR 30 12:14
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Joris Joosen

Address: Isolatorweg 36, 1014 AS Amsterdam, The Netherlands

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Rutger Jansen

Address: 902 Broadway, 8th Floor
New York, NY 10010

Vice President: _____

Address: _____

Secretary: Nikki Tillekens

Address: 902 Broadway, 8th Floor, New York, NY 10010

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. Nikki Tillekens, Secretary

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

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15 MAR 30 12:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BACKBONE NORTH AMERICA, 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 MARCH, A.D. 2015.

FILED
15 MAR 30 11:12:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5306398 8300

150320453




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2177302

DATE: 03-06-15