

F/50000224/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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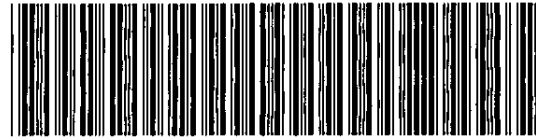
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
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15 MAY 21 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATE AFFAIRS

MAY 21 2015

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05-21-15

NAME: EXHALE ENTERPRISES XXXII, INC.

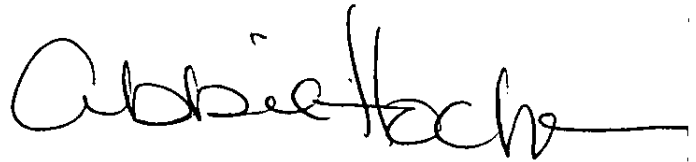
TYPE OF FILING: APPLICATION FOR AUTHORITY

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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. **Exhale Enterprises XXXII, 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. **47-4040198**

(FEI number, if applicable)

4. **5/15/2015**

(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. **250 W. 57th Street, Suite 1901, New York, NY 10107**

(Principal office address)

250 W. 57th Street, Suite 1901, New York, NY 10107

(Current mailing address)

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

Name: **Exhale Enterprises X, Inc.**

Office Address: **200 Biscayne Blvd.**

Miami

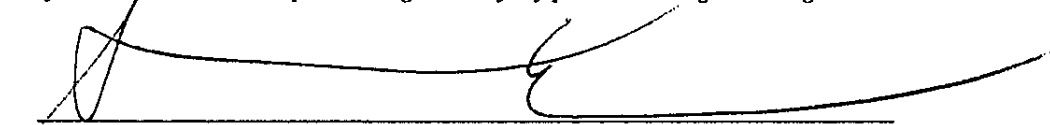
(City)

, Florida **33131**

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 21 PM 3:15

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

A. DIRECTORS

Chairman: _____

Address: _____

Director: Annbeth Eschbach
~~Vice Chairman:~~ _____

Address: 250 W. 57th Street, Suite 1901
New York, New York 10107

Director: Julia Sutton

Address: 250 W. 57th Street, Suite 1901
New York, New York 10107

Director: Randy Brown

Address: 250 W. 57th Street, Suite 1901
New York, New York 10107

B. OFFICERS

CEO: Annbeth Eschbach
~~President:~~ _____

Address: 250 W. 57th Street, Suite 1901
New York, New York 10107

COO: Julia Sutton
~~Vice President:~~ _____

Address: 250 W. 57th Street, Suite 1901
New York, New York 10107

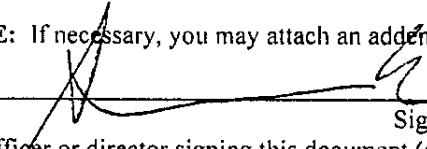
Secretary: Randy Brown

Address: 250 W. 57th Street, Suite 1901, New York, New York 10107

CFO: Randy Brown
~~Treasurer:~~ _____

Address: 250 W. 57th Street, Suite 1901, New York, New York 10107

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, P.S.

13. Annbeth Eschbach, CEO

(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 "EXHALE ENTERPRISES XXXII, 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 TWENTIETH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXHALE ENTERPRISES XXXII, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MAY, A.D. 2015.

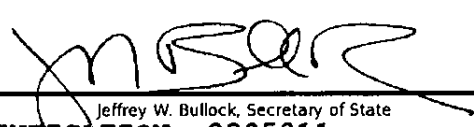
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



5748501 8300

150725828

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2395811

DATE: 05-20-15