

F13000002439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

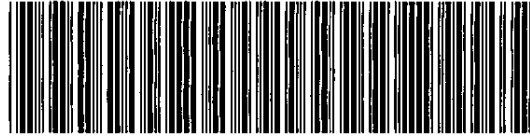
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700273319777

05/26/15--01052--018 **78.75

FILED
15 MAY 26 AM 11:31
TALLAHASSEE, FLORIDA

WIS-37356

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fluxx Labs, 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:

Kerrin Mitchell

Name of Person

Fluxx Labs, Inc

Firm/Company

567 Sutter Street

Address

San Francisco , CA 94102

City/State and Zip code

operations@fluxxlabs.com

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

For further information concerning this matter, please call:

Jess McNinch

Name of Person

at (415) 5179976

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLUXX LABS, 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 NINETEENTH DAY OF MAY, A.D. 2015.

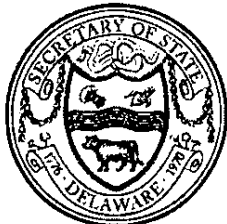
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLUXX LABS, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2015.

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

5734517 8300

150716396

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2392579

DATE: 05-19-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

KERRIN MITCHELL
567 SUTTER ST
SAN FRANCISCO, CA 94102

SUBJECT: FLUXX LABS, INC
Ref. Number: W15000037356

We have received your document for FLUXX LABS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or ~~your filing will be considered abandoned.~~

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

Jessica A Fason
Regulatory Specialist II

Letter Number: 015A00011110

RECEIVED
15 JUN -4 PM 4:28
DIVISION OF CORPORATIONS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

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

DATE: 6/4/15

NAME: FLUXX LABS, INC.

TYPE OF FILING: APPLICATION

COST: 78.75 - ALREADY PAID FOR

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ADRIAN L. HONGE

**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. **Fluxx Labs, 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. **473953732**

(FEI number, if applicable)

4. **4/22/2015**

(Date of incorporation)

5. **Perpetual**

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

6. **5/1/2015**

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

7. **567 Sutter Street, San Francisco CA 94102**

(Principal office address)

(Current mailing address)

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

Name: **Florida Filing & Search Services, Inc.**

Office Address: **155 Office Plaza Dr.**

Tallahassee

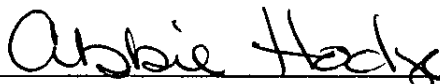
(City)

Florida 32301

(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.

TALLAHASSEE
FLORIDA
15 MAY 26 AM 11:31

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

A. DIRECTORS

Chairman: Renata Quintini

Address: 567 Sutter Street
San Francisco, CA 94102

Vice Chairman: _____

Address: _____

Director: Kerrin Mitchell

Address: 567 Sutter Street
San Francisco, CA 94102

Director: Jason Ricci

Address: 567 Sutter Street
San Francisco, CA 94102

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. Kerrin Mitchell, COO & Director, Fluxx Labs, Inc

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

Delaware

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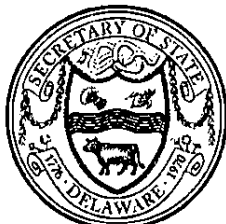
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