#F150000002845

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of S	Status			
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Cor				
SHRI	JECT:	Columbia F	unMap, Ir	ic.	
300	ECT:	Name of corporati	on - must	include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existenc	ion by Foreign Corporation f e," or "Certificate of Good S n corporation to transact bus	tanding"	and check are sub	
	e return all corresp hy Hart	ondence concerning this mat	ter to the	following:	
	·=·	Name (of Person		
Colum	ibia FunMap, Inc.				
		Firm/Co	ompany		
2929 I	E Commercial Blvd	., PH-D			
		Ad	dress		
Fort L	auderdale, FL 3330	8			
		City/State	and Zip	code	
thart@	r3accounting.com				
		E-mail address: (to be use	d for futu	ire annual report i	notification)
For fu	rther information	concerning this matter, pleas	e call:		
Timot	Fimothy Hart 954 202-9770				
	Name of Perso	n at (at C	ode	Daytime Telep	hone Number
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclos	sed is a check for	the following amount:			
3 \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

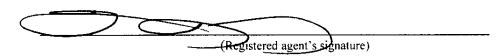
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Columbia FunM	lap, Inc.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "C	OMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name	ador	ted for the purpose of transacting business in F	lorida)
New Jersey	3		3747589	٠
	y under the law of which it is incorporated)	. —	(FEI number, if applicable)	
July 28, 2000 4.	5	Per	petual	
··	of incorporation)	`	(Date of duration, if other than perpetual)
February 27, 20	15			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 cial Blvd., PH-D, Fort Lauderdale, FL 33308	1502,		
/	(Princ	ipal o	ffice address)	
	(Current mail	ing ac	dress, if different)	2015
8. Name and stree	et address of Florida registered agent: (P. Timothy Hart	.O. B	ox <u>NOT</u> acceptable)	15 JUN 29 P
Office Address:	2929 E Commercial Blvd., PH-D		——————————————————————————————————————	じ
	Fort Lauderdale		33308	
	(City)		(Zip code)	

9. Registered agent's acceptance:

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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.



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:	2015 11/12 ED
A. DIRECTORS	2018 JUN 29 PH 2: 17
Chairman:	2.12
Address:	TALLAHASSET OF ST.
	(& P/7) .
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Robert Blair President:	
2929 E Commercial Blvd., PH-D Address:	
Fort Lauderdale, FL 33308	
Vice President:	
Address:	
Trust 655.	
Secretary:	
	-
Address: Timothy Hart Treasurer:	
2929 E. Commercial Blvd., PH-D, Fort Lauderdale, FL 33308	
Address:	and officers and/or directors
NOTE: If necessary, you may attach an addendum to the application listing addition	nai officers and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S. Timothy Hart, Treasurer/Registered Agent	

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING



COLUMBIA FUNMAP INC.

0100824228

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on July 28, 2000.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Alan Beck 221 Rutgers Street Maplewood, NJ 07040 0000

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Certification# 136784447

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of June, 2015

Andrew P Sidamon-Eristoff State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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