

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6083

Prom:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: filings@delawareinc.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Shopmotion, Inc.

Certificate of Status	1		(C)
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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. Shopmotion, Inc. ١. (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). Delaware 47-1827613 (FEI number, if applicable) (State or country under the law of which it is incorporated) 09-11-2014 (Date of duration, if other than perpetual) (Date of incorporation) Upon approval-(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6908 NW 110th Way, Packland, FL 33076 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable) Registered Agents Inc. Name: 3030 N. Rocky Point Dr. STE 150A Office Address: Tampa (City) 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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 Names and business addresses of officers and/or directs

A. DIRI	ECTORS			
Chairman	·			
Vice Chai	rmare			
Address:				
Director:				
Address:				
Director:				
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President		25 CM	= -	Constitution out a reconstitution
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Vice Pres	dent:	33	<u>က</u> <u>က</u>	
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Secretary:				
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Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additiona	l officers and	⊬or dπe	ectors.
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	(Typed or printed name and capacity of person signing applica-	ution)		

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHOPMOTION, 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 FIFTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHOPMOTION, INC" WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2014.

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You may verify this certificate online at corp.delaware.gov/authver.shtml AUTHENTY CATION: 2559347

DATE: 07-15-15