

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000209537 3)))



H150002085373ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

ACCOUNT Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

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

Email Address: achiarini@fortr3ss.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Fortr3ss, Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$70.00 |

SEP 0 1 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

H15000209537 3 8/31/2015

H150002095373

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| (Enter name of co | reporation; must include "INCORPORATED." | " "COMPANY," "CORPORATION," | |
|--|---|---|----------------------|
| "Inc.," "Co.," "Co | orp," "Inc," "Co," or "Corp.") | • | |
| | | | |
| (If name unavails | ble in Plorida, enter alternate corpotate name | adorted for the purpose of transacting h | essinace in Florida) |
| Delaware | ale mit the land miles with the confloring to the test | 47-4767181 | wantes in Florida) |
| | 3. | | |
| | y under the law of which it is incorporated) | (fEl number, if applie | cable) |
| August 10, 2015 | 5. | Perpetual | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | |
| | | , | • |
| | (That But hange and having a | n Florids, if prior to registration) | |
| ,• | (SEE SECTIONS 607.1501 & 607.1 | 502, F.S., to determine penalty liability) | |
| 2500 S. Miami A | venue, Miami, Florida 33129 | | |
| | | 1.00 | |
| | · (Princi | pal office address) | -4.00 |
| | | | |
| | (Current mail) | ng address, if different) | J. 7 () 1 |
| , | | | 1 |
| Name and stree | et address of Florida registered agent: (P. | O. Box NOT acceptable) | 174 11 |
| | Alessandro Chiarini | | - |
| Name: | | , | - 3 |
| | 2500 S. Miami Avenue | | ا اعزو ا |
| fice Address: | | | |
| | Miami | 33129 . Florida | 7 ** |
| | (A). | (Zip code) | |
| | (City) | (F) | |
| | (City) | | |
| Registered age | (City) ent's acceptance: | • | |
| aving been nam | ent's acceptance: ed as registered agent and to accept serv | vice of process for the above stated t | curporation at the p |
| rving been nam signated in this | ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint | ment as registered agent and agree | to act in this capa |
| iving been nam signated in this other agree to c | ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes | ment as registered agent and agree relative to the proper and complete | to act in this capa |
| aving been nam Signated in this rther agree to c | ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint | ment as registered agent and agree relative to the proper and complete | to act in this capa |
| iving been nam signated in this other agree to c | ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes | ment as registered agent and agree relative to the proper and complete | to act in this capa |
| aving been nam signated in this rther agree to c | ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes | ment as registered agent and agree relative to the proper and complete | to act in this capa |

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.

H150002095373

| II. Naп | es and business addresses of officers and/or directors: | |
|-------------------------|---|-------------------|
| A. DIRi | ECTORS | |
| Chairman | Alessandro Chiarini | |
| ., | 2500 S. Miami Avenue | |
| Address: | Miami, Florida 33129 | |
| Man Chai | Gurjeet Singh | |
| Vice Chai | 2500 S. Miami Avenut | |
| Address; | Miami, Florida 33129 | |
| Ožanasta az | Monica Chiarini Tremblay | |
| Director: | 2500 S. Mjami Avenue | |
| Address: | Miami, Florida 33129 | |
| Director: | | |
| Address: | <u></u> | |
| | · ' | |
| B. OFF | ICERS | न स |
| President | Alessandro Chiarini (President & CEO) | 自然を用 |
| Address; | 2500 S. Miami Avenue | 75 0 F |
| (1001033, | Miami, Florida 33129 | 1436 |
| Vice Pres | Gurjeet Singh (Vice President and Chief Technology Officer) | |
| Address: | 2500 S. Miami Avenue | |
| . 10 0,00 | Miami, Florida 33129 | |
| Secretary | Nопе | |
| Address: | | |
| Treasurer | None | |
| Address: | | |
| | If necessary, you may attach an addendum to the application listing additional officers a | and/or directors. |
| 12. | · | |
| 14 | Signature of Director or Officer | |
| are true : a third d | cer or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departmegree felony as provided for in \$.817.155, F.S. | |
| 13. Ale | ssandro Chiarini, President & CEO | |
| | (Typed or printed name and capacity of person signing application) | |

H150002095373

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBBY CERTIFY "FORTR3SS, 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2015.



5800658 8300

151208133

You may varify this certificate online at corn, delaware, gov/authour, shiml

AUTHENTICATION: 2671268

DATE: 08-24-15

H150002095373

H15000209537 3

Alessandro Chiarini, President & CEO Fortr3ss, Inc. 2500 S. Miami Avenue Miami, Florida 33129 305-491-3777

August 25, 2015

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida - Consent for Use of Corporate Name in Florida: Fortr3ss, Inc.

Dear Sir or Madam:

As confirmed with Jessica of the New Filings Section of your office, the purpose of this letter is to confirm my consent to allow my Delaware corporation, Fortr3ss, Inc., to transact business in Florida using that corporate name since the name of my Florida Limited Liability Company, Fortr3ss, LLC (Florida doc# L14000152524), is nearly identical. I am the sole Member and Manager of Fortr3ss, LLC.

Should you have any questions, or if there is anything that would prevent the filing of the attached Application by Foreign Corporation for Authorization to Transact Business in Florida, please do not hesitate to contact me at the number listed above. Thank you for your assistance in this matter.

Sincerely,

Alessandro Chiarini

President & CEO