Florida Department of State Vivisid of Opporations Electronic Filling Seven Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

Email	Address:	 	 	

FOREIGN PROFIT/NONPROFIT CORPORATION MIMUS, INC

0 (0 1 50)	
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SEP TO 2015 J. HARRIS

PECEIVEUT 5 SEP -9 AMII: 25

SEP -9 AHII: 25 CONTRACTOR STATE UNIVERSE FLORIDA

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.

MIMUS. INC

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	rporation; must include "INCORPORATED," "Cop," "Inc," "Co," or "Cotp.")	COMPANY," "CORPORATION,"		
are the state of t			in and in The side	
TENNESSEE	ble in Florida, enter alternate corporate name adop N/		siness in Pionog)	
·	3	(FEI number, if applica		
01/31/2012				
(Date	of incorporation) S	(Date of duration, if other than perpetual)		
N/A	or incorporation,	(Date of dutation, it outer than	hes bottom,	
	(Date first transacted business in Flo	orida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502,			
	IR, STE 1, GERMANTOWN, TN 38139			
	(Principal c	office address)		
			ro	
	(Current mailing a	ddress, if different)		
			AT SER	
. Name and stree	t address of Florida registered agent: (P.O. E	Box NOT acceptable)	TAR TAR	
Name:	REGISTERED AGENTS INC.			
office Address:	3030 N. Rocky Point Drive, STE 150	<u>A</u>	TT (:)	
	ТАМРА	, Florida _33607		
_	(City)	(Zip code)	سمع	

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.

Bill Havre/Secretary/Registered Agents Inc.

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Address: _ Vice Chairman: ___ Address: , JOHN OOMMEN Director: 8570 CORDES CIR, STE 1, GERMANTOWN, TN 38139 Address: SHAMI THOMAS Director: 8570 CORDES CIR, STE 1, GERMANTOWN, TN 38139 Address: B. OFFICERS SHAJI THOMAS 8570 CORDES CIR, STE 1, GERMANTOWN, TN 38139 Address: Vice Président: __ Address: _ JOHN OOMMEN Secretary: 8570 CORDES CIR, STE 1, GERMANTOWN, TN 38139 Address: JOHN OOMMEN Treasurer: 8570 CORDES CIR, STE 1, GERMANTOWN, TN 38139 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Shagi Thomas_ Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. SHAJI THOMAS, PRESIDENT 13.

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



STATE OF TENNESSEE Tre Hargett, Secretary of State Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

September 9, 2015

REGISTERED AGENTS INC

MATT MACKENZIE

STE 150

170 S LINCOLN ST

SPOKANE, WA 99201

Request Type: Certificate of Existence/Authorization

Request #:

0174623

Issuance Date: 09/09/2015

Copies Requested:

Document Receipt

Receipt #: 002226202

Filing Fee:

\$22.25

Payment-Credit Card - State Payment Center - CC #: 164620745

\$22.25

Regarding:

MIMUS, INC

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 01/31/2012

Status:

Active

Duration Term: Perpetual

Business County: SHELBY COUNTY

Control#: Date Formed: 677808

01/31/2012 Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I. Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

MIMUS, INC

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

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