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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: VCORP SERVICES, LLC

Account Number : 120080000067

Phone Fax Number : (845)425-0077 : (845)818-3588

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

Email Address:	
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FOREIGN PROFIT/NONPROFIT CORPORATION Search Office Space (SOS) North America, Inc.

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State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of SEARCH OFFICE SPACE (\$0\$) NORTH AMERICA, INC. was filed on 02/15/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 09/23/2015.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 24th day of September two thousand and fifteen.

Anthony Giardina

Duting Sindina

Executive Deputy Secretary of State

201509250169 * HD

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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.

(Enter name of ce	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")		_
(If name unavails New York	able in Florida, enter alternate corporate name adopted for the purpose of transacting by)
(State or country 2/15/2008	y under the law of which it is incorporated) 5. Of incorporation) (FEI number, if applie		_
	of incorporation) (Date of duration, if other than	n perpetual)	_
1500 Broadway, S	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Suite 505, NY NY 10036 (Principal office address)	15 SEP	-
1500 Brondway,	(Current mailing address, if different)	- 35 × 25	E STANSON
. Name and <u>stree</u> Name:	t address of Florida registered agent: (P.O. Box NOT acceptable) Jason Softer	AM IO: 35 OF STATE FLORIDA	
Office Address:	5500 Glades Road, Suite #400-8	-	
	80ca Raton , Florida 33431 (Zip code)		
luving been nom esignated in this urther agree to co	ent's acceptance: ed as registered agent and to accept service of process for the above stated of application, I hereby accept the appointment as registered agent and agree to apply with the provisions of all statutes relative to the proper and complete pamiliar with and accept the abligations of my position as registered agent. (Registered agent's signature)	to act in this cap	ocity.

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.

ECTORS	•
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•	-
Richard Smith	
1500 Broadway, Suite 505, NY NY 10036	
Laurence Beck	
1500 Broadway, Suite 505, NY NY 10036	
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Laurence Beck	3
1500 Broadway, Suite 505, NY NY 10036	
*	

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.

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