## F1500004699

(Red	questor's Name)			
(Address)				
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to f	Filing Officer:			
W15-50041				
Dup. filing no end date				
no encl date				
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2015

MELISSA WALLACE 3422 OLD CAPITOL TRAIL, SUITE 700 WILMINGTON, DE 19808

SUBJECT: NETHERLANDS CORPORATE OFFICE, MIAMI, INC.

Ref. Number: W15000050041

We have received your document for NETHERLANDS CORPORATE OFFICE, MIAMI, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

CORPORATION CAN NOT ACT AS IT'S OWN OFFICERS. MUST LIST INDIVIDUAL NAMES OR OTHER ENTITY NAMES.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 215A00015614

## **COVER LETTER**

Division of Cor			
SUBJECT: Nether	erlands Corporat	e Office, Miam	ni Inc.
		tion - must include suffi:	
Dear Sir or Madam:			
"Certificate of Existence	ion by Foreign Corporation e," or "Certificate of Good to the corporation to transact but	Standing" and check are	
Please return all corresp Melissa Walla	ondence concerning this ma	atter to the following:	
ivielissa vvalla		of Person	
Delaware Bus	siness Incorporat		
Dolawaro Dae	·····	Company	
3422 Old Cap	itol Trail Ste 700	, ,	
	A	ddress	
Wilmington D	E 19808		
	· · · · · · · · · · · · · · · · · · ·	te and Zip code	
Melissa.wallace	e@dbiglobal.com		
	E-mail address: (to be us	ed for future annual repo	ort notification)
For further information	concerning this matter, plea	se call:	
Melissa Walla	ce <sub>at (</sub> 302	? <sub>)</sub> 996-5819	
Name of Perso	n Ar	ca Code & Daytime Tel	ephone Number
STREET/COU New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	New Filing Division of P.O. Box 6	f Corporations
Enclosed is a check for	the following amount:		
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified 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.

	nds Corporate Office, Mia	ami Inc.
(Enter name of co	·	ED," "COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate nam	me adopted for the purpose of transacting business in Florida)
, Delaware		3
(State or country	under the law of which it is incorporated)	3(FEI number, if applicable)
		_
(Date	of incorporation)	5. <u>perpedual</u> (Duration: Year corp. will cease to exist or "perpetual")
6.		
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	ss'in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
<sub>7.</sub> 261 NE 1	St Suite 502 Miami FL 3	3132
	(Principal office a	address)
261 NE 1	St Suite 502 Miami FL 331	132
	(Current mailing a	address)
8. Name and stree	<u>t address</u> of Florida registered agent: (	P.O. Box NOT acceptable)
Name:	Northwest Registered Agen	it LLC
Office Address:	3030 N. Rocky Point Dr, STE	150A
	Tampa	, Florida 33607 (Zip code)
	(City)	(Zip code)
designated in this further agree to co	ed as registered agent and to accept se application, I hereby accept the appoi	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my is of my position as registered agent.
	Wich	•
	9/10	Dan Keen, Manager
<del></del>	(Registered agent's	
the Department of	ertificate of existence duly authenticate State, by the Secretary of State or other hich it is incorporated.	ted, not more than 90 days prior to delivery of this application to official having custody of corporate records in the jurisdiction

11. Names and business addresses of officers and/or directors: A. DIRECTORS. Chairman: Netherlands Corporate Office, Inc Address: 267 Fifth Avenue, suite 910 New York NY 10016 Netherlands Corporate Office, Inc. Address: 267 Fifth Avenue, suite 910 New York NY 10016 Netherlands Corporate Office, Inc. 267 Fifth Avenue, suite 910 New York NY 10016 B. OFFICERS President: Netherlands Corporate Office, Inc 267 Fifth Avenue, suite 910 New York NY 10016 Vice President: Netherlands Corporate Office, Inc 267 Fifth Avenue, suite 910 New York NY 10016 Netherlands Corporate Office, Inc. 267 Fifth Avenue, suite 910 New York NY 10016 Netherlands Corporate Office, Inc. 267 Fifth Avenue, suite 910 New York NY 10016 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. 13. Andre Grift, Director (Typed or printed name and capacity of person signing application)

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF INCORPORATION

OF "NETHERLANDS CORPORATE OFFICE, MIAMI INC.", WAS RECEIVED AND

FILED IN THIS OFFICE THE SIXTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION

REMAINS A DOMESTIC CORPORATION ON OUR RECORDS BUT HAS FAILED TO

FILE THE ANNUAL FRANCHISE TAX REPORT AND PAY THE FRANCHISE TAXES

CURRENTLY DUE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NETHERLANDS

CORPORATE OFFICE, MIAMI INC." WAS INCORPORATED ON THE SIXTH DAY OF

MAY, A.D. 2014.

Authentication: 10268035

Date: 10-20-15

5528417 8300U SR# 20150573022