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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

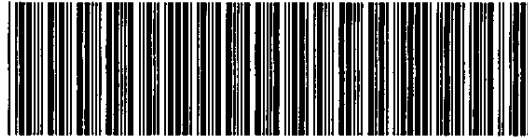
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILE
2015 NOV -2 PM 12:41
SUDASAN H. SHAI
TALAHASSEE FLORIDA

NOV 03 2015
J. HARRIS

TRIMBLE & ASSOCIATES, LTD.

Attorneys at Law

10201 Wayzata Boulevard
Suite 130
Minneapolis, Minnesota 55305

Telephone: 952-797-7477
Facsimile: 952-797-5858
Email: trimblelegals@earthlink.net

October 30, 2015

VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application by Foreign Corporation for Authorization to Transact Business in
Florida; AuCom North America, Inc.

Dear Sir/Madam:

Enclosed on behalf of AuCom North America, Inc., a Delaware corporation, please find the Application by Foreign Corporation for Authorization to Transact Business in Florida together with a Certificate of Existence dated October 30, 2015 and issued by Delaware Secretary of State.

We have also enclosed a check in the amount of \$78.75 payable to Division of Corporations for the applicable filing fee and Certificate of Status.

Upon completion of filing, please provide confirmation of filing and the Certificate of Status to the undersigned.

Sincerely,



Tony P. Trimble
TRIMBLE & ASSOCIATES, LTD.
vmdf

Enc.

cc: Michael Bates (via email)

COVER LETTER

TO: Registration Section
Division of Corporations

AuCom North America, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tony P. Trimble

Name of Person

Trimble & Associates, Ltd.

Firm/Company

10201 Wayzata Boulevard, Suite 130

Address

Minneapolis, MN 55305

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony P. Trimble

952

797-7477

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

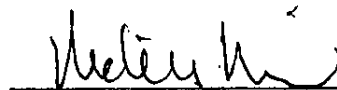
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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.*

1. AuCom North America, Inc.
(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)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. May 26, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2528 Lovi Road, Building 2-2A, Freedom, PA 15042
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324
(City) (Zip code)

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.



**Michele Miller
Assistant Secretary**

(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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RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Brenton James Archer

Address: 123 Wrights Road
Christchurch, New Zealand 8440

Vice Chairman: _____

Address: _____

Director: Gottfried Pausch

Address: 27 Norwood Road
Auckland, New Zealand 0622

Director: Maurice Eng

Address: 620 Coleridge Road, Rd2
Darfield, New Zealand 7572

B. OFFICERS

President: Brenton James Archer

Address: 123 Wrights Road
Christchurch, New Zealand 8440

Vice President: Kevin W. Rice

Address: 249 Williams Creek
Rush, KY 41168

Secretary: Brenton James Archer

Address: 123 Wrights Road, Christchurch, New Zealand 8440

Treasurer: Brenton James Archer

Address: 123 Wrights Road, Christchurch, New Zealand 8440

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. Brenton James Archer, President

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

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SOUTH FLORIDA
TALLAHASSEE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUCOM NORTH AMERICA, 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 THIRTIETH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



5753371 8300

SR# 20150710687

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 10330711

Date: 10-30-15