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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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2015 DEC -1 A ID: 48

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3 MASON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 886480 8017066

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE: November 25, 2015

ORDER TIME : 9:53 AM

ORDER NO. : 886480-010

CUSTOMER NO: 8017066

FOREIGN FILINGS

NAME: PRAGMA HOLDINGS CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

	Filing Section ion of Corporat	ions					
SUBJECT:	Pragma Holdi	ngs Corporation					
sebeter.		Name of corpor	ation - must i	nclude suffix	in the state of th		
Dear Sir or M	ladam:						
"Certificate o	f Existence," or	y Foreign Corporation "Certificate of Good poration to transact b	Standing" ar	id check are sub	ct Business in Florida," mitted to register the		
Please return	all corresponde	nce concerning this n	natter to the fo	ollowing:			
Thomas Gain	ior						
		Nam	e of Person				
MG&S							
		Firm	/Company				
10920 Golde	n Eagle Ct.						
		,	Address		· · · · · · · · · · · · · · · · · · ·		
Plantation, Fl	_ 33324						
		City/St	ate and Zip c	ode			
tomgainor@g							
	E-	mail address: (to be ι	ised for future	annual report r	notification)		
For further in	formation conc	erning this matter, ple	ease call:				
Thomas Gair	or	305	773 -	3987			
Nam	e of Person	at (rea Code & l	Daytime Teleph	one Number		
				•			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a	check for the fo	ollowing amount:					
□ \$70.00 Fil	ing Fee □	\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed 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.

(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. DE (State or country under the law of which it is incorporated) 4. 11/24/2015 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 10920 Golden Eagle Ct., Plantation, FL 33324 (Principal office address) 10920 Golden Eagle Ct., Plantation, FL 33324 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Thomas Gainor
2. DE (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 11/24/2015 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 10920 Golden Eagle Ct., Plantation, FL 33324 (Principal office address) 10920 Golden Eagle Ct., Plantation, FL 33324 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
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(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Duration: Year corp. will cease to exist or "perpetual") (Duration: Year corp. will cease to exist or "perpetual") (Duration: Year corp. will cease to exist or "perpetual") (Duration: Year corp. will cease to exist or "perpetual") (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Current mailing address) (Current mailing address) Thomas Gainor
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8. Name and <u>street address</u> of Florida registered agent: (P,O, Box <u>NOT</u> acceptable)
B. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Thomas Gainer
Chomas Galbor
Name: Name:
Office Address:
Plantation Slorida 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 pla
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity
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.
Thomas Gainor
\mathcal{M}
By: I homa au
(Registered agent's signature)
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application

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:

	CTORS Thomas Gainor - initial			
hairman: .ddress:	10920 Goiden Eagle Ct.			
	Plantation, FL 33324			
ice Chai	man:			
.ddress:				
irector:				
irector:				
		i iti		
OFF	CERS	至河	330	
esident:	Thomas Gainor - initial	SSF SSF SSF SSF SSF SSF SSF SSF SSF SSF	1	E .
ddress:	10920 Golden Fagle Ct	<u> </u>	\triangleright	
10 10,33.	Plantation, FL 33324	180 TV	<u></u>	
ice Pres	dent:	D m	<u> </u>	······································
idress:				
cretary		·		
ddress:				
easurer				
dress:				
OTE:	If necessary, you may attach an addendum to the application listing additional o	fficers and/	or direct	ors.
2.	He ome Tem			
he office true a	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affi and that he or she is aware that false information submitted in a document to the agree felony as provided for in s.817.155, F.S.	rms that the Department	facts state	ated herein e constitutes
3	(Typed or printed name and capacity of person signing application	22)	·	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRAGMA HOLDINGS CORPORATION" 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 NOVEMBER, 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 SAID "PRAGMA HOLDINGS CORPORATION" WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2015.

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

Authentication: 10510329

Date: 11-30-15

5887762 8300 SR# 20151117912