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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

**PLEASE HONOR THE
ORIGINAL DATE OF
SUBMISSION AS THE
FILE DATE, THANKS!**

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

Email Address: patty@delaneycorporate.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
CENTINEL SOLUTIONS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/23/2015 9:43:23 AM PAGE 1/001 Fax Server

(2/5) 12/02/2015 09:15:06 AM -0500



November 23, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORPORATING SERVICES FL

SUBJECT: CENTINEL SOLUTIONS INC.
REF: W15000076165

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

Pursuant to Florida statute 607.0121, the foreign application must one which is prescribed and furnished by Florida Department of State. The proper form may be downloaded from www.sunbiz.org.

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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000270685
Letter Number: 015A00024617

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15 DEC -2 AM 9:37
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SECRETARY OF STATE
TALLAHASSEE, 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.**

1. Centinel Solutions 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. 47-1549590

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. july 15, 2014

5. Perpetual

(Date of incorporation)

(Date of duration, if other than perpetual)

6. The Corporation has not transacted business in Florida

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 340 Royal Poinciana Plaza, Suite 328, #1230, Palm Beach, Florida 33480

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Maximilian Kramer

Office Address:

340 Royal Poinciana Plaza, Suite 328, #1230

Palm Beach

Palm Beach

, Florida

33480

(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.


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

A. DIRECTORS

Chairman: Maximilian Kramer

Address: 340 Royal Poinciana Plaza, Suite 328, #1230, Palm Beach, Florida 33480

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

Address:

B. OFFICERS

President: Maximilian Kramer

Address: 340 Royal Poinciana Plaza, Suite 328, #1230, Palm Beach, Florida 33480

Vice President:

Address:

Address:

Secretary: Maximilian Kramer

Address: 340 Royal Poinciana Plaza, Suite 328, #1230, Palm Beach, Florida 33480

Treasurer: Maximilian Kramer

Address: 340 Royal Poinciana Plaza, Suite 328, #1230, Palm Beach, Florida 33480

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. Maximilian Kramer, Chief Executive Officer

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

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTINEL SOLUTIONS 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 TWELFTH 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 "CENTINEL SOLUTIONS INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JULY, A.D. 2014.

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



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SR# 20150889756

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

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

Authentication: 10409323

Date: 11-12-15