Page 1 of 2

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000307271 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850)205-8842 : (850)878-5368

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

Email Address:

Spatialest, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

12/31/2015

## **COVER LETTER**

	stration Section of Corpor				
SUBJECT:	Spatialest, I	nc.	•		
			corporation	- must include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence,"	by Foreign Corp or "Certificate of orporation to tran	Good Stan	ding" and check are sui	nct Business in Florida," bmitted to register the
Please return	all correspon	dence concerning	this matter	to the following:	
Scan Nelson					
		····	Name of 1	erson	
Spatialest, In	c.				
			Firm/Com	pany	
101 N Woodla	nd Blvd, Suite	A304			
·····		<del></del>	Addre	ss	<del></del>
Deland, FL 32	720				
····		C	ity/State ar	nd Zip code	
phally.sea@wo					
		E-mail address: (t	o be used f	or future annual report	notification)
For further inf	formation con	cerning this matt	er, please c	ali:	
Phally Sea		24	949	743-8114	
Name	of Person	at	Area Code	Daytime Telep	hone Number
Regist Divisi Cliftor 2661 I Tallah	ration Section on of Corpora Building Executive Cerassee, FL 32	itions iter Circle	t:	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
■ \$70.00 Fili		\$78.75 Filing Fo	ee & 🗇	\$78.75 Filing Fee & Certified Copy	S87.50 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. Spatialest, Inc	orporation; must include "INCORPORATED,"	" "COMPANY " "COPPOPATION"	
	Corp.," "Inc.," "Co.," or "Corp.")	COMPANY, CORPORATION,	
255		for the last to th	and de N
-	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	orida)
2. Delaware	3.	30-0872641	
•	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 4/24/2015		(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6	·		
<del></del>		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	- <del>-</del>
7 101 N Woodland	Blvd, Suite A304, Deland, FL 32720	•	
/ ·	(Princip	oal office address)	
	(Current maili	ng address, if different)	
8. Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	品品
Name:	C T Corporation System		12 8 31
Office Address:	1200 South Pine Island Road	<del></del>	
Office Address.	Plantation, FL 33324	——- Florida	
	(City)	, Florida(Zip code)	受訊 坐
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept serv. application, I hereby accept the appoints	ice of process for the above stated corporation ment as registered agent and agree to act in thi relative to the proper and complete performand if my position as registered agent.	is capacity. I
· <u> </u>	(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.

#### **B. OFFICERS**

Director:

Address: \_\_\_\_

President		<u></u>
Address:		[
		<b>元 6 1</b>
Vice Pres	ident:	ma I
		<u> </u>
Secretary:	Sean Nelson	
A alabanan	10 The Diamond, Coleraine, Northern Ireland, UK BT52 1DE	
		,

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.

Signature of Director or Officer

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

13. Sean Nelson (Secretary)

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

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPATIALEST, 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 TWENTY-NINTH DAY OF DECEMBER, 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.

at som delaware sou/aut

Authentication: 10696556

Date: 12-29-15

5735651 8300 SR# 20151560138