

F16000000540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

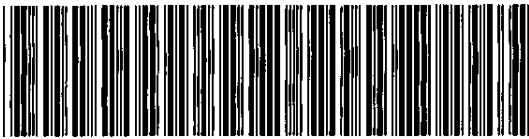
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer: W16-8630  
name / suffix also

Office Use Only



400281743794

02/03/16--01002--012 \*\*70.00

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16 FEB -3 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
16 FEB -3 AM 11:31

FEB 08 2016  
S. YOUNG

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

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**CERTIFIED COPY**

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**FILING**

**ARTICLES**

**1. OPTIMA (US) LTD.**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

FILED  
16 FEB -3 AM 10 27  
STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2016

CORPORATE ACCESS, INC.

SUBJECT: OPTIMA (US) LTD.  
Ref. Number: W16000008630

We have received your document for OPTIMA (US) LTD. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P05000076172 OPTIMA USA, CORP..

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: 516A00002426

RECEIVED  
FEBRUARY 5 2016  
16 FEB -5 PM 1:05  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

*Corrected*

FILED  
FEB -3 AM 10:27  
RECEIVED  
DIVISION OF CORPORATIONS  
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. Optima (US) LTD.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Optima Analytics Corp.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 80-0691924  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/02/2011 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/01/2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308  
(Principal office address)

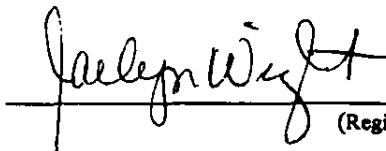
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.  
Office Address: 155 Office Plaza Dr., Suite A  
Tallahassee, Florida 32301  
(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.*



Jaclyn Wright, Asst. 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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16 FEB -3 AM 10:27  
STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Director

Jeff Swenson

~~xxxxxxx~~

Address: 6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

Director

Ken Cooke

~~xxxxxxx~~

Address: 6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

Director: Doug Shamon

Address: 6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

Director: Todd Abbrecht

Address: 6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

**B. OFFICERS**

CEO

Joel Portice

~~xxxxxxx~~

Address: 6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

Vice President: Brad Williams

Address: 6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

COO

Ken Cooke

~~xxxxxxx~~

Address: 6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

Treasurer:

Address:

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.

Brad Williams SVP

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

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16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Attachment to Application by Foreign Corporation for Authorization to Transact Business in  
Florida:  
Optima (US) LTD.**

***Additional Names and Businesses Addresses of Directors:***

Megan Prenier, Director	6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308
Josh Nelson, Director	6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308
Michael Borom, Director	6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

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TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

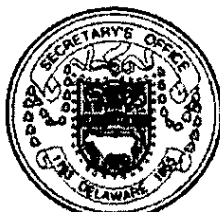
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIMA (US) LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF FEBRUARY, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTIMA (US) LTD." WAS INCORPORATED ON THE SECOND DAY OF MARCH, A.D. 2011.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

4948052 8300

SR# 20160555207

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 201771528

Date: 02-03-16