FILOCOONIA

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(Re	equestor's Name)					
(Address)						
(Ac	ddress)					
(Ci	ity/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nar	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

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COVER LETTER

•	stration Se					
SUBJECT:	Spotflux,	Inc				
SCDJLC1.	***************************************		of corporation	on - mus	st include suffix	
Dear Sir or M	ladam:					
"Certificate o	f Existenc		of Good St	anding"	and check are subn	Business in Florida," nitted to register the
Please return	all corresp	ondence concerni	ng this mat	ter to the	e following:	
Dean Mekkaw	'y					
			Name o	f Perso	n	
Spotflux, Inc						
			Firm/Co	mpany		
203 Prospect F	Place					
			Ado	iress		
Brooklyn, NY	11238					
			City/State	and Zip	code	
dean@spotflux	c.com					
		E-mail address	: (to be used	l for fut	ure annual report no	tification)
For further in	formation	concerning this m	atter, please	call:		
Chris Naegelin at (646			, 82	820-1337		
Nam	e of Person		Area Co	ode	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a	check for	the following amo	unt:			
□ \$70.00 Fil	ing Fee	☐ \$78.75 Filing Certificate o			75 Filing Fee & ified 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. SPOTFLUX, IN	NC			
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORA	rion,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of trans	acting business in Florida)	
2. DELAWARE 3.		45-3855139		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 4/21/2011	5.	perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6. 7/31/2015				
7. 203 Prospect Plan	(SEE SECTIONS 607.1501 & 607.150e, Brooklyn NY 11238	n Florida, if prior to registration) 502, F.S., to determine penalty li pal office address)		
8. Name and stree Name: Office Address:	(Current mailing) et address of Florida registered agent: (P.C.) Chris Naegetin 3225 Atlantic Circle	ng address, if different) O. Box NOT acceptable)	FILED 2018 FEB 19 P 2: 22 2018 FEB 19 P 2: 22	
	Naples	, Florida 34119	22 NDA	
	(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.

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Chris Naegelin Address: 3225 Atlantic Circle, Naples FL 34119 Vice Chairman: Dean Mekkawy Address: 203 Prospect Place, Brooklyn NY 11238 Director: John Backus 11911 Freedom Dr #1080, Reston, VA 20190 Scott Johnson Director: One Broadway, Cambridge MA 02142 Address: **B. OFFICERS** President: Chris Naegelin Address: 3225 Atlantic Circle, Naples FL 34119 Vice President: _Dean Mekkawy Address: 203 Prospect Place, Brooklyn NY 11238 Secretary: Dean Mekkawy Address: 203 Prospect Place, Brooklyn NY 11238 Treasurer: Chris Naegelin Address: 3225 Atlantic Circle, Naples FL 34119 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 Dean Mekkawy, Vice Chairman

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SPOTFLUX 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 EIGHTH DAY OF FEBRUARY, A.D. 2016.

Authentication: 201799345

Date: 02-08-16