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MAR 29 2016 J SHIVERS



## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Options Away	, Inc
•	corporation - must include suffix
Dear Sir or Madam:	
	poration for Authorization to Transact Business in Florida," of Good Standing" and check are submitted to register the insact business in Florida.
Please return all correspondence concerning Heidi Brown	g this matter to the following:
	Name of Person
Options Away, Inc	
222 Merchandise Mai	Firm/Company rt Plaza, Suite 1212
	Address
Chicago, IL 60654	
	City/State and Zip code
hbrown@optionsaway.c	(to be used for future annual report notification)
For further information concerning this mat	•
Kirsten Chute	312 997-5800
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

## 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.

··	Away, Inc.		
	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavaile	skla in Flacida anton alternati		* Tt '1'
Delawar		ne adopted for the purpose of transacting busine 80-0899579	ess in Florida)
Ar 1	under the law of which it is incorporated)	(FEI number, if applicable)	
3/4/2015	5	5.	
··	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
<sub>6.</sub> TBA			
	(Date first transacted business	s in Florida, if prior to registration)	
222 Marc		.1502, F.S., to determine penalty liability)	20654
7.222 101610		<u> </u>	60654
same	(Principal office ad	idress)	
	(Current mailing ad	ldress)	<del></del>
<b>-</b>		•	
<sub>3.</sub> Iravel I	echnology		
(Purpose(s)	of corporation authorized in home state or	country to be carried out in state of Florida	27. <b>3</b>
9. Name and stree	t address of Florida registered agent: (P	P.O. Box NOT acceptable)	
Name:	REGISTERED AGENTS	INC.	70 PD 20 PD
Office Address:	3030 N. Rocky Point Dr, STE	150A	ŗ
	Tampa	. Florida 33607	A
	(City)	(Zip code)	. To
0. Registered ag	ent'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.

> Bill Havre - President (Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Martyn Williams	
Address: Flat 2, 88 Holland Park, London W11 3R2 UK	
Vice Chairman: Jeffery Jackson	
Address: PO Box 7775, #79405, San Francisco, CA 94	120-7775
	·.
Director: Robert Brown	
Address: 201 S Taylor Ave, Oak Park, IL 60302	
Director: Heidi Brown	
Address: 201 S Taylor Ave, Oak Park, IL 60302	
B. OFFICERS	
President: Robert Brown	
Address: 201 S Taylor Avenue, Oak Park IL 60302	
Vice President: Heidi Brown	
Address: 201 S Taylor Avenue, Oak Park, IL 60302	28 888
	O Paring
Secretary: Michael Harbin	00 ge
Address: 24734 S Klemme Rd. Crete, IL 60417	0.7 A
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	are and/or directors
Signature of Director or Officer	<del> </del>
The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the Dep	that the facts stated herein partment of State constitutes
a third degree felony as provided for in s.817.155, F.S.  Heidi Brown	

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OPTIONS AWAY, 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 TENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTIONS AWAY,

INC." WAS INCORPORATED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2013.

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

16 MAR 28 AH 18: 42
SEGRETARY OF STATE

Authentication: 201966289

Date: 03-10-16

5291882 8300

SR# 20161598016
You may verify this certificate online at corp.delaware.gov/authver.shtml