

04-12-16 05:41 PM; 845-811-3588 4  
 2/2016 Division of Corporations  
**F/16000001732**

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC  
 Account Number : I20080000067  
 Phone : (845)425-0077  
 Fax Number : (845)818-3588

2016 APR 13 PM 7:40  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: statenotices@vcorpservices.com

2016 APR 13 AM 10:47  
 TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION  
 4SENSE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

K. SALY  
 EXAMINER  
 APR 14

**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. 4Sense, 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. 81-2119233  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 7, 2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 3020 SW 14th Place, Suite 7, Boynton Beach, FL 33426  
(Principal office address)

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

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

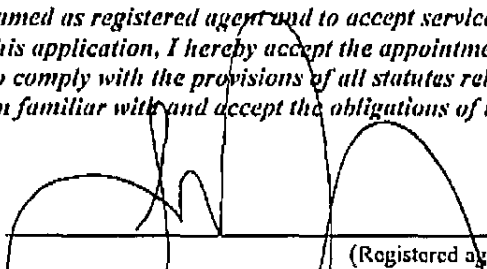
Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie, Florida 33314  
(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.

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

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2016 APR 13 AM 7:49  
TALLAHASSEE  
STATE OF FLORIDA

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

**A. DIRECTORS**

Chairman: Mark B. Templeton

Address: 3020 SW 14th Place, Suite 7, Boynton Beach, FL 33426

Vice Chairman: Antonio A. Ricco

Address: 3020 SW 14th Place, Suite 7, Boynton Beach, FL 33426

Director: Christopher M. Wade

Address: 3020 SW 14th Place, Suite 7, Boynton Beach, FL 33426

Director: Stanislaw K. Skowronek

Address: 3020 SW 14th Place, Suite 7, Boynton Beach, FL 33426

**B. OFFICERS**

President: Antonio A. Ricco

Address: 3020 SW 14th Place, Suite 7, Boynton Beach, FL 33426

Vice President: Christopher M. Wade

Address: 3020 SW 14th Place, Suite 7, Boynton Beach, FL 33426

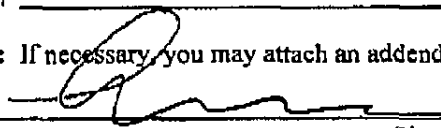
Secretary: Larry G. Brown

Address: 3020 SW 14th Place, Suite 7, Boynton Beach, FL 33426

Treasurer: Antonio A. Ricco

Address: 3020 SW 14th Place, Suite 7, Boynton Beach, FL 33426

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. Larry G. Brown, 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 "4SENSE, 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 APRIL, 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 "4SENSE, INC." WAS INCORPORATED ON THE SEVENTH DAY OF APRIL, A.D. 2016.

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

FILED  
2016 APR 13 AM 7:49  
JEFFREY W. BULLOCK, SECRETARY OF STATE



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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SR# 20162236064

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

Authentication: 202132755

Date: 04-12-16