

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From.

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850)205-8842

Fax Number : (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:				

FOREIGN PROFIT/NONPROFIT CORPORATION

Pave, Inc. d/b/a Pave Financial Services, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

	Registration Section Division of Corporations				
SUBJECT:	SURTECT: Pave, Inc., which will do business in Florida as Pave Financial Services, Inc.				
	Name of corporation	must include suffix			
Dear Sir or M	ladam:				
"Certificate of		Authorization to Transact Business in Florida," Sing" and check are submitted to register the s in Florida.			
Please return	all correspondence concerning this matter	to the following:			
	Name of P	erson			
	Firm/Comp	pany			
	Addres	SS .			
	City/State an	d Zip code			
<u></u>	E-mail address: (to be used for	or future annual report notification)			
For further in	formation concerning this matter, please ca	ıll:			
	at ()			
Name	e of Person Area Code	Daytime Telephone Number			
Regis Divisi Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a	check for the following amount:				
\$70.00 Fil	ling Fee	\$78.75 Filing Fee & Service Status & Certified Copy 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.

Pave, Inc.					
(Enter name of e	corporation; must include "INCORPORATED," Corp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	1		
Pave Financial	Services, Inc.				
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting	business in Florida)		
2. Delaware	7				
(State or count	ry under the law of which it is incorporated)	(FEI number, if appl	icable)		
4 March 28, 2012	2				
''	of incorporation)	(Date of duration, if other than perpetual)			
6.					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15)		
7 200 Varick St., S	ite. 802, New York, NY 10014				
· · · · · · · · · · · · · · · · · · ·	(Princip	al office address)			
***************************************	(Current mailin	g address, if different)			
8. Name and street	<u>et address</u> of Florida registered agent: (P.C	. Box <u>NOT acceptable</u>)	96 16 18 18 18 18 18 18 18 18 18 18 18 18 18		
Name:	C T Corporation System	_		range.	
005 - 111	1200 South Pine Island Rond		50 50 60	en indicator	
Office Address:	Ni and a Fr 20004		573 mg	Supplement	
	Plantation, FL 33324	, Florida (Zip code)		् । हे हैं इस्त्रकाह	
	(City)	(Zip code)	9: 1	السيينا	
	ent's acceptance:		<u> </u>		
	ied as registered agent and to accept servi				
	application, I hereby accept the appointmentally with the provisions of all statutes re				
	familiar with and accept the obligations of		,		
	C T Corporation Sy	rsiem			
_	Mago	Judith Argao Vice President			
By:		and Assistant Secretary			
	(Registered a	gent'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.

No. Present Calaban Physics Collins

A. DIRECT	rors		
Chairman:	Oren Bass		
Address:	0 Varick St., Ste. 802		
	w York, NY 10014		
 Vice Chairma	Sal Lahoud an:		
	0 Varick St., Stc. 802		
	w York, NY 10014		
Phi	ilippe Bouissou		
	0 Varick St., Ste. 802		
	w York, NY 10014		
Director:			
Address:			
(dui 033.			
 3. OFFICE	eus		
_	eren Bass		
	D Varick St., Stc. 802		
	ov York, NY 10014		
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reasurer:			-
\ddress:			
	necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.	
2	Signature of Director or Officer		
The officer of	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts that he or she is aware that false information submitted in a document to the Department of Stee felony as provided for in s.817.155, F.S.	stated ate cor	herein stitute

(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 "PAVE, 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 MAY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5125696 8300 SR# 20163143383

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

Jeffrey W. Skelinch, Secretary of State

Authentication: 202309721

Date: 05-12-16