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SECRETARY OF STATE TALLAHASSEE FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations					
	OVERSTOCK LIQUIDATO	RS INC.				
SUBJ	ECT:					
	Name o	of corporati	on - mus	t include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good St	anding"	and check are sub		
Please Jim Ge	return all correspondence concerni	ng this mat	ter to the	following:		
		Name o	of Person	1		
Overst	ock liquidators Inc.			•		
10180	Riverside Dr Suite 7	Firm/Co	ompany			
Palm E	Beach Gardens FL. 33410	Ado	iress			
		City/State	and Zip	code	.	
jimgei	ger@pdiusvi.com				F 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	E-mail address	: (to be use	d for futi	ire annual report i		n
For fu	rther information concerning this m	atter, pleas	e call:		HAY 25	
Jim Ge	iger	561 at (662	2-9595		O
	Name of Person	Area Co	ode	Daytime Telep	hone Number 5	
	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Enclos	ed is a check for the following amo	ount:				
= \$70	0.00 Filing Fee			75 Filing Fee & fied Copy	S87.50 Filing Certificate o	f Status &

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. Overstock Liquidators Inc. 1. (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) 81-2606931 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) May 19, 2016 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 10180 Riverside Dr. Suite 7 Palm Beach Gardens Fl. 33410 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Frank Arena Name: 10180 Riverside Dr. Suite 7 Office Address: Palm Beach Gardens . Florida (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. DIR	ECTORS			
Chairman	Jim Geiger			
Address:	780 S. Sapodilla Ave #103		•	
	West Palm Beach Fl. 33401			
	Frank Arena			· • · · · ·
Vice Cha	irman:			
Address:	2030 SW Windship Way			
	Stuart FI. 34997			
Director:				
Address:				
11441050.				
Director:				
				·
Address:				
B. OFF	ICERS			
	Frank Arena			
President	:			
Address:	* *			
	Stuart Fl. 34997			
		- 7 2	2016	
Vice Pres	ident:			
Address:		#### ###	YAH	1
riddi C33.		(1) ×	25	
	Fine Colons	्राप्ती हैं। स्वर्ग की	\triangleright	-M
Secretary	Jim Geiger :	53	=	0
•	780 S. Sapodilla Ave #103 West Palm Beach Fl. 33401	ãã	5	
Address:			<u>.o</u>	
Treasurer	:			
Address:		 		·
NOTE:	If necessary, you may attach an addendum to the application listing addition	nal officers and/o	r direc	tors.
12	Signature of Director or Officer			
The office	cer or director signing this document (and who is listed in number 11 above)) affirms that the	facts st	ated herein
are true	and that he or she is aware that false information submitted in a document to			
a third d	egree felony as provided for in s.817.155, F.S.			
13	Jim Geiger Secretary			
	(Typed or printed name and canacity of person signing appl	ication)		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OVERSTOCK LIQUIDATORS, 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

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

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2016.

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

a at corp.delaware.gov/aut

6046718 8300 SB#:20162640045

Authentication: 202372501

Date: 05-24-16

SR# 20163649945
You may verify this certificate online at corp.delaware.gov/authver.shtml