# F160000003458

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600286287036

16 MAY 31 FH 4: 33

DEPARTMENT OF YOUR

FILED

16 HAY 31 AM 10: 37

SLOKENARY OF STATE

J. HARRIS

#### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

**DATE:** 5/31/16

NAME: MOTION, INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
Motiion, Inc. SUBJECT:		
	Name of corporation	- must include suffix
Dear Sir or Madam:		
	ificate of Good Star	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return all correspondence co Scan Abbott	ncerning this matter	to the following:
	Name of	Person
Company Counsel		
7 Ledge Lane	Firm/Com	pany
	Addre	rss
Gloucester, MA 01930		
	City/State a	nd Zip code
sean@companycounsel.biz		
E-mail ad	ddress: (to be used f	or future annual report notification)
For further information concerning	this matter, please c	all:
Sean Abbott 617		282-4327
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following	g amount:	
_	Filing Fee &  icate of Status	\$78.75 Filing Fee & Sertified Copy Sertified Copy 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.

Delaware	able in Florida, enter alternate corporate name	, , ,		
(State or country 4/13/2016	_		(FEI number, if applicable)	
(Date of incorporation) 5.		(Date of duration, if other	(Date of duration, if other than perpetual)	
25 E Rivo Alto D	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 orive, Miami Beach, FL 33139	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	lity)	
		oal office address)	SECTION TO	
. Name and stree	(Current mailinet address of Florida registered agent: (P.0	ng address, if different)		
Name:	Are Traasdahl		E 10 3	
office Address:	25 E Rivo Alto Drive		A	
	Miami Beach	, Florida		
	(City)	(Zip code)		
laving been nam esignated in this	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r	nent as registered agent and ag	ree to act in this capacity ete performance of my	

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 Are Traasdahl Chairman: 25 E Rivo Alto Drive, Miami Beach, FL 33139 Vice Chairman: \_\_\_ Address: \_ Director: Address: \_ Director: Address: **B. OFFICERS** Are Traasdahl President: 25 E Rivo Alto Drive, Miami Beach, FL 33139 Address: Vice President: Address: \_ Are Traasdahl Secretary: 25 E Rivo Alto Drive, Miami Beach, Fl. 33139 Address: Are Traasdahl Treasurer: 25 E Rivo Alto Drive, Miami Beach, FL 33139 Address: NOTE: If pecessary, 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. Are Traasdahl - President

(Typed or printed name and capacity of person signing application)

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MOTIION, 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 FIFTEENTH 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 "MOTIION, INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL, A.D. 2016.

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

Authentication: 202153177

Date: 04-15-16

6015765 8300 SR# 20162313013