# F16000003620

(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:						



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### **COVER LETTER**

TO: Registration Section Division of Corpo									
SUBJECT: Telepathy La		<del>-</del>	<del> </del>						
	Name of corporation - must include suffix								
Dear Sir or Madam:		`							
"Certificate of Existence,"	by Foreign Corporation for or "Certificate of Good State corporation to transact busin	nding" and check are sub							
Please return all correspon	dence concerning this matte	er to the following:							
Ronald Pollack									
	Name of	Person							
	Firm/Co	npany							
1962 McCouley D.d		• •							
1862 McCauley Rd	Add	rece							
	Auu	1035							
Clearwater, FL 33765									
	City/State	and Zip code							
ron@exm.io									
	E-mail address: (to be used	for future annual report r	notification)						
For further information co	ncerning this matter, please	call:							
Ronald Pollack	at ( <sup>727</sup>	) 692-8624							
Name of Person	Area Co	de Daytime Telep	hone Number						
STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Corporation Tallahassee, FL 3	on rations enter Circle	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations						
Enclosed is a check for the	e following amount:								
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	3 \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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.

1.	Telepathy Labs, Inc.				
	(Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	," "C	OMPANY," "CORPORATION,"		
	(If name unavailable in Florida, enter alternate corporate name	adop	ted for the purpose of transacting b	usiness in Florida)	
2.	Delaware 3.	81-3	3259425		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4.	5-31-2016 5.	_			
	(Date of incorporation)	(Date of duration, if other than perpetual)			
6.					
	(Date first transacted business i				
	(SEE SECTIONS 607.1501 & 607.1	.502,	F.S., to determine penalty liability)		
7.	331 Cleveland St. #1906, Clearwater, FL 33755				
	(Princi	pal of	Tice address)		
	(Current maili	ing ad	dress, if different)		
8.	Name and street address of Florida registered agent: (P.	О. В	ox NOT acceptable)	16 AL SECON TALLA	
	Name: Ronald Pollack		_	AUG 12  GNE JAKY LAHASSE	
O	ffice Address: 1862 McCauley Rd	<u> </u>	-	2 PM 2 PM SEE, F	
	Clearwater, FL		, Florida <u>33765</u>	STA STA	
	(City)		(Zip code)	AGN JE P	

#### 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. DIRECTORS			
Chairman: Ronald Pollack			
Address: 1862 McCauley Rd			
Clearwater, FL 33765			
Vice Chairman:			
Address:	· 		
Director: Josselyn Boudett			
Address: 331 Cleveland St. #1906			
Clearwater, FL 33755			
Director:			
Address:			
B. OFFICERS			
President:	<del></del>		
Address:	ECH ALLA	6 ≜	
	1.4.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	<u>ਨ</u>	77
Vice President:	E C	72	m
Address:	STA	<u>:</u>	
	DA	9	
Secretary: Josselvn Boudett			
Address: 331 Cleveland St. #1906, Clearwater, FL 33765		- <u>-</u> -	
Treasurer:			·····
Address:		<del>-, ,,, -</del> .	···
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	l/or direc	ctors.	
12. Villand			
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.  Chairman of the Board	e facts s	tated l	herein stitutes
13. Ronald Pollack  (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 "TELEPATHY LABS, 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 TWENTY-SIXTH DAY OF JULY, A.D. 2016.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Jeffrey W. Budiocz, Secretary or S

Authentication: 202718319

Date: 07-26-16

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SR# 20164996837
You may verify this certificate online at corp.delaware.gov/authver.shtml