

FI6000003748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

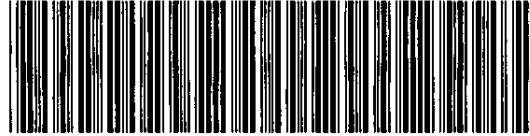
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06/27/16--01036--014 **87.50

08/23/16--01005--006 **650.00

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16 AUG 22 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/22/16 AS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2016

KATIE FARINA
8249 PARKLINE BLVD, SUITE 300
ORLANDO, FL 32809

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for XPONET and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 016A00016045

8/22/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Xponet

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Katie Farina

Name of Person

Xponet

Firm/Company

8249 Parkline Blvd, Suite 300

Address

Orlando, FL 32809

City/State and Zip code

josh@xponet.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua A. Cohen

Name of Person

at (*702*)

Area Code

604-1132

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**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. Xponet Corporation
(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. Nevada 3. 88-0480368
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 11, 2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. July 15, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9090 West Rosada Way, Las Vegas, NV 89149
(Principal office address)

(Current mailing address, if different)

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

Name: Katie Farina

Office Address: 8249 Parkline Blvd, Suite 300
Orlando, Florida 32809
(City) (Zip code)

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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.

Katie Farina
(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: Joshua A. Cohen
Address: 3914 Cloverhill Road
Baltimore, MD 21218

Vice Chairman: _____

Address: _____

Director: Susan M. Gilligan

Address: 9090 West Rosada Way
Las Vegas, NV 89149

Director: _____

Address: _____

B. OFFICERS

President: Joshua A. Cohen

Address: 3914 Cloverhill Road
Baltimore, MD 21218

Vice President: _____

Address: _____

Secretary: Susan M. Gilligan

Address: 9090 West Rosada Way, Las Vegas, NV 89149

Treasurer: Joshua A. Cohen

Address: 3914 Cloverhill Road, Baltimore, MD 21218

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. Joshua A. Cohen CP

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

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **XPONET**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 11, 2000, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 23, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160723-0122
You may verify this electronic certificate
online at <http://www.nvsos.gov/>