

**F1600003871**

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

Porsche Connect, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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**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. Porsche Connect, Inc.**

(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. Delaware**

(State or country under the law of which it is incorporated)

**3. 88-0301630**

(FEI number, if applicable)

**4. 06/23/1993**

(Date of incorporation)

**5. Perpetual**

(Date of duration, if other than perpetual)

**6. Upon Qualification**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. One Porsche Drive, Atlanta, GA 30354**

(Principal office address)

same

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

James M. Halpin

By:

Assistant Secretary

(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.**

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DEPARTMENT OF STATE  
FLORIDA  
REGISTRATION  
AND  
MAINTENANCE  
SECTION

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS SEE ATTACHMENT**

President: Andre Oosthuizen

Address: One Porsche Drive

Atlanta, GA 30354

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Joseph S. Folz

Address: One Porsche Drive, Atlanta, GA 30354

Treasurer: Thierry Kartochian

Address: One Porsche Drive, Atlanta, GA 30354

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_  8-19-16

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. John Boncuore, Asst. Secretary

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida  
Officers & Directors**

1	Full Name:	John Boncuore
	Officer/Director:	Officer
	Officer's Title:	Asst. Secretary
	Director's Title:	
	Business Address:	One Porsche Drive
	City:	Atlanta
	State:	GA
	ZIP Code:	30354
2	Full Name:	Mitchell Rivers
	Officer/Director:	Officer
	Officer's Title:	Asst. Treasurer
	Director's Title:	
	Business Address:	One Porsche Drive
	City:	Atlanta
	State:	GA
	ZIP Code:	30354
3	Full Name:	Paula Campbell Kelly
	Officer/Director:	Officer
	Officer's Title:	Asst. Secretary
	Director's Title:	
	Business Address:	One Porsche Drive
	City:	Atlanta
	State:	GA
	ZIP Code:	30354
4	Full Name:	Klaus Zellmer
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	One Porsche Drive
	City:	Atlanta
	State:	GA
	ZIP Code:	30354
5	Full Name:	Andre Oosthuizen

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Officer/Director:	Officer,Director
Officer's Title:	President
Director's Title:	Director
Business Address:	One Porsche Drive
City:	Atlanta
State:	GA
ZIP Code:	30354
6 Full Name:	Thierry Kartochian
Officer/Director:	Officer,Director
Officer's Title:	Treasurer
Director's Title:	Director
Business Address:	One Porsche Drive
City:	Atlanta
State:	GA
ZIP Code:	30354

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PORSCHE CONNECT, 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 AUGUST, 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.

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Jeffrey W. Bullock, Secretary of State

Authentication: 202898741

Date: 08-26-16