# F16000004033

| (R                                     | Requestor's Name)       |               |
|--|-------------------------|---------------|
| —————————————————————————————————————— | address)                |               |
| · ·                                    | ,                       |               |
| (A                                     | address)                |               |
| (C                                     | City/State/Zip/Phone #) | <del></del> . |
| PICK-UP                                | ☐ WAIT ☐                | MAIL          |
| (E                                     | Business Entity Name)   |               |
|  |                         |               |
| (C                                     | Oocument Number)        |               |
| Certified Copies                       | Certificates of Statu   | s             |
| Special Instructions to                | o Filing Officer:       |               |
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Office Use Only



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# **COVER LETTER**

| TO:           | Registration Sect<br>Division of Corp  |   |               |      |  |  |
|---------------|--|---|---------------|------|--|--|
| SUR           | JECT:  | S   | IMPLE COM     | 1PL  | EXITY INC.   |  |
| о о в         | ,ECT   | Name                                      | of corporati  | on   | - must include suffix  |  |
| Dear S        | Sir or Madam:  |   |               |      |  |  |
| "Certi        |  | " or "Certificate                         | of Good S     | an   | ding" and check are sub  | ct Business in Florida,"<br>omitted to register the                |
| Please        | return all correspo  | ndence concern                            | ing this mat  | ter  | to the following:  |  |
|               |  | CI  | HRISTOPHE     | R J  | AGESSAR  |  |
|               | <del></del>  |   | Name (        | of F | Person   |  |
|               |  |   | Firm/Co       | -    | •  |  |
|               |  |   | Ado           | 1-0  | 10   |  |
|               |  |   |               |      | 68, FL 33166   |  |
|               |  |   | City/State    | an   | d Zip code   |  |
|               |  | co  | orpsimplecon  | ple  | x@gmail.com  |  |
|               |  | E-mail address                            | s: (to be use | d fo | or future annual report i  | notification)  |
| For fu        | rther information c  | oncerning this m                          | natter, pleas | e ca | ill:   |  |
| CHRI          | STOPHER JAGESSA  | AR.                                       | 305<br>at (   |      | 505-0163   |  |
|               | Name of Person   |   | Area Co       | ode  | Daytime Telep  | hone Number  |
|               | STREET/COUR<br>Registration Sect<br>Division of Corpo<br>Clifton Building<br>2661 Executive C<br>Tallahassee, FL | ion<br>orations<br>Center Circle<br>32301 |               |      | MAILING A<br>Registration S<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, F | ection<br>orporations<br>7   |
| Enclos        | sed is a check for th  | e following amo                           | ount:         |      |  |  |
| <b>=</b> \$70 | 0.00 Filing Fee  | □ \$78.75 Filing Certificate of           |               |      | \$78.75 Filing Fee & Certified Copy  | □ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| Name:    CHRISTOPHER JAGESSAR  | (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  531 SWAN AVE  531 SWAN | (If name unavail    | able in Florida, enter alternate corporate name | adopted for the purpose of transacti | ng business in Florida) |
|--|--|---------------------|---|--------------------------------------|-------------------------|
| (State or country under the law of which it is incorporated) 04/02/2011 5.  (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) 531 SWAN AVE MIAMI SPRINGS, FL 33166  (Principal office address) 531 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  531 SWAN AVE  MIAMI SPRINGS  (City)  Registered agent's acceptance:   | (State or country under the law of which it is incorporated)  04/02/2011  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)   | HAWAII              | 3   | 81-3326802                           |                         |
| (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address, if different)  (Current mailing address)  (Current mailing addr | (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation, if other than perpetual)  (Date of duration, if other than perpetual)  (Pincipal office address, if different)  (Current mailing address, if different)  (Current m | (State or count     |   |                                      | pplicable)              |
| (Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 531 SWAN AVE MIAMI SPRINGS, FL 33166  (Principal office address) 531 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CHRISTOPHER JAGESSAR  531 SWAN AVE  MIAMI SPRINGS  , Florida  (City)  Registered agent's acceptance:   | (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)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Principal office address)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CHRISTOPHER JAGESSAR  531 SWAN AVE  MIAMI SPRINGS  MIAMI SPRINGS  To address:  MIAMI SPRINGS  To address for the above stated corporation at the programmed as registered agent and to accept service of process for the above stated corporation at the programmed in this application, I hereby accept the appointment as registered agent and agree to act in this capacither agree to comply with the provisions of all statutes relative to the proper and complete performance of methods.   |                     | 5   | PERPETUAL                            |                         |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Principal office address)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CHRISTOPHER JAGESSAR  531 SWAN AVE  MIAMI SPRINGS  MIAMI SPRINGS  Thorida  (City)  Registered agent's acceptance:  | (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Principal office address)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CHRISTOPHER JAGESSAR  531 SWAN AVE  MIAMI SPRINGS  MIAMI SPRINGS  Therefore agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated corporation at the particle of the proper and agree to act in this capacitater agree to comply with the provisions of all statutes relative to the proper and complete performance of mannes agree to complete performance of mannes agree to complete performance of mannes agree to the proper and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to complete performance of mannes agree to complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mannes agree to accept the appointment as registered agent and complete performance of mann | (Date               | e of incorporation)                             |                                      | r than perpetual)       |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Principal office address)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CHRISTOPHER JAGESSAR  531 SWAN AVE  MIAMI SPRINGS  MIAMI SPRINGS  Thorida  (City)  Registered agent's acceptance:  | (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Principal office address)  531 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CHRISTOPHER JAGESSAR  531 SWAN AVE  MIAMI SPRINGS  MIAMI SPRINGS  (City)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the psignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacither agree to comply with the provisions of all statutes relative to the proper and complete performance of metals.   |                     |   |                                      |                         |
| S31 SWAN AVE MIAMI SPRINGS, FL 33166   CFInicipal office address   | (Principal office address)  S31 SWAN AVE MIAMI SPRINGS, FL 33166  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CHRISTOPHER JAGESSAR  S31 SWAN AVE  MIAMI SPRINGS  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the psignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitater agree to comply with the provisions of all statutes relative to the proper and complete performance of metals.  |                     |   |                                      | lity)                   |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CHRISTOPHER JAGESSAR  Solution  MIAMI SPRINGS  MIAMI SPRINGS  (City)  Registered agent's acceptance:  | Current mailing address, if different  |                     |   |                                      | **                      |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CHRISTOPHER JAGESSAR  531 SWAN AVE  MIAMI SPRINGS  (City)  Registered agent's acceptance:   | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CHRISTOPHER JAGESSAR  Sal SWAN AVE  MIAMI SPRINGS  (City)  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the psignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitater agree to comply with the provisions of all statutes relative to the proper and complete performance of m   | ·                   | (Princi   | pal office address)                  |                         |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CHRISTOPHER JAGESSAR  Silvan AVE  MIAMI SPRINGS  (City)  Registered agent's acceptance:  | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CHRISTOPHER JAGESSAR  Name:  531 SWAN AVE  MIAMI SPRINGS  (City)  Registered agent's acceptance: (Zip code)  Registered agent's acceptance: (Zip code)  Registered agent and to accept service of process for the above stated corporation at the posignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitation agree to comply with the provisions of all statutes relative to the proper and complete performance of metals.   |                     | 531 SWAN AVE                                    | MIAMI SPRINGS, FL 33166              | 5                       |
| Name:    Sal SWAN AVE   Sal SWAN AVE | Name:    Sil SWAN AVE   Sil SWAN AVE |                     | (Current maili                                  | ng address, if different)            | SEP                     |
| Name:  CHRISTOPHER JAGESSAR  531 SWAN AVE  MIAMI SPRINGS  (City)  Registered agent's acceptance:   | Name:    Sil SWAN AVE   Sil SWAN AVE | Name and stra       | ot addraga of Florida registered accept. (D.    | O. Dan NOT acceptable)               |                         |
| Name:    531 SWAN AVE     531 SWAN AVE   67 | Name:    531 SWAN AVE   631 SWAN AVE | Name and <u>suc</u> |   | O. Box NOI acceptable)               |                         |
| MIAMI SPRINGS  (City)  Registered agent's acceptance:  | MIAMI SPRINGS  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the psignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacither agree to comply with the provisions of all statutes relative to the proper and complete performance of m  | Name:               |   |                                      | 5 :                     |
| (City), Florida (Zip code)  Registered agent's acceptance:   | (City), Florida (Zip code)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the period of the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitates agree to comply with the provisions of all statutes relative to the proper and complete performance of metallic agrees.   | fice Address:       | 531 SWAN AVE                                    |                                      | ₹ <b>5</b> 2            |
| (City) (Zip code)  Registered agent's acceptance:  | (City) (Zip code)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the period of this application, I hereby accept the appointment as registered agent and agree to act in this capacitates agree to comply with the provisions of all statutes relative to the proper and complete performance of meaning the complete performance of meaning t |                     | MIAMI SPRINGS                                   | 33166                                |                         |
|  | aving been named as registered agent and to accept service of process for the above stated corporation at the p<br>signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa<br>rther agree to comply with the provisions of all statutes relative to the proper and complete performance of m   |                     | (City)  |                                      |                         |
|  | aving been named as registered agent and to accept service of process for the above stated corporation at the p<br>signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa<br>Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m  | D!-4                |   |                                      |                         |
| wing been named as registered agent and to accent service of process for the above stated comporation at the s   | signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa<br>Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m   |                     |   | ice of process for the above stat    | ed compration at the n  |
|  | ttes, and I am familiar with and accept the obligations of my position as registered agent.  | rther agree to c    | comply with the provisions of all statutes i    | relative to the proper and comp      | lete performance of my  |
| rther agree to comply with the provisions of all statutes relative to the proper and complete performance of m   |  | ties, and I am j    | amiliar with and accept the obligations of      | of my position as registered agei    | nt.                     |
| rther agree to comply with the provisions of all statutes relative to the proper and complete performance of m<br>ties, and I am familiar with and accept the obligations of my position as registered agent.  |  |                     |   |                                      |                         |

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. Nam    | es and business addresses of officers and/or directors:  |                              |         |  |
|------------|--|------------------------------|---------|--|
| A. DIR     | ECTORS   |                              |         |  |
| Chairman   |  |                              |         |  |
| Address:   |  |                              |         |  |
|            |  |                              |         |  |
| Vice Chai  | rman:  |                              |         |  |
|            |  |                              | ····    |  |
| -          |  |                              |         |  |
| Director:  | CHRISTOPHER JAGESSAR   |                              |         |  |
|            | 531 SWAN AVE MIAMI SPRINGS, FL 33166   |                              |         |  |
|            |  |                              |         |  |
| Director:  |  | 31 - 43<br>P 4<br>2 - 4      |         |  |
|            |  |                              | EF (    | ļ.   |
|            |  | 747<br>1077<br>178           | -7      | ,<br>  |
| B. OFF     | ICERS  | المالة<br>التاريخ<br>المالية | P       | 5-1 44.<br>5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| President: | CHRISTOPHER JAGESSAR   |                              | . 6971  | ( lans.  |
| Address:   | 531 SWAN AVE MIAMI SPRINGS, FL 33166   | ij.                          | Ŗΰ      | •  |
|            |  |                              |         |  |
| Vice Pres  | dent:  |                              |         |  |
|            |  |                              |         |  |
|            |  |                              | ·       | , , , , , ,  |
| Secretary: |  |                              |         |  |
|            |  |                              |         |  |
|            |  |                              |         |  |
|            |  |                              |         |  |
|            | If necessary, you may attach an addendum to the application listing additional officers at   | nd/or direc                  | tors    |  |
|            |  |                              | tors.   |  |
|            | Signature of Dysaetor or Officer   |                              |         |  |
| are true a | er or director signing this document (and who is listed in number 11 above) affirms that nd that he or she is aware that false information submitted in a document to the Department of the Depa | the facts sient of Staf      | tated h | erein<br>titutes                                   |
| 13         | CHRISTOPHER JAGESSAR PRESIDENT   |                              |         |  |

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



## **Department of Commerce and Consumer Affairs**

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

SIMPLE COMPLEXITY INC.

was incorporated under the laws of Hawaii on 04/02/2011; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 25, 2016

Catani. P. Caval: Colon

Director of Commerce and Consumer Affairs