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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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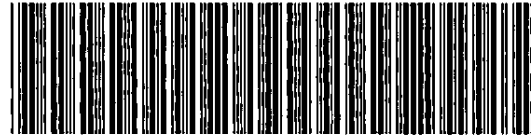
(Business Entity Name)

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TALLAHASSEE, FLORIDA

D. SCOTT

DEC 1 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AICOMP CONSULTING, INC.

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:

Katja Rauhe

Name of Person

Aicomp Consulting, Inc.

Firm/Company

5050 Poplar Avenue, Suite 2401

Address

Memphis, TN 38157

City/State and Zip code

katja.rauhe@aicomp.com

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

For further information concerning this matter, please call:

Katja Rauhe

at (901) 246 1621

Name of Person

Area Code

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. Aicomp Consulting, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- Aicomp Group
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tennessee 3. 20-1190787
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/20/2003 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 12/01/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1850 SE 17th Street, Suite 306, Fort Lauderdale, FL 33316
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: Katja Rauhe

Office Address: 1850 SE 17th Street, Suite 306

Fort Lauderdale, Florida 33316
(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.


(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Sascha Rauhe

Address: 900 Nature's Cove Road, Dania Beach, FL 33004

Vice President: _____

Address: _____

Secretary: Katja Rauhe

Address: 900 Nature's Cove Road, Dania Beach, FL 33004

Treasurer: _____

Address: _____

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

12. _____

Katja Rauhe
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. Katja Rauhe, Secretary and FL Registered Agent

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

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TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

AICOMP GROUP
KATJA RAUHE
SUITE 306
1850 SE 17TH STREET
FORT LAUDERDALE, FL 33316

November 28, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0221392

Issuance Date: 11/28/2016
Copies Requested: 1

Document Receipt

Receipt #: 002982792 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3689445835 \$20.00

Regarding: AICOMP CONSULTING, INC.
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 11/20/2003
Status: Active
Duration Term: Perpetual
Business County: SHELBY COUNTY

Control #: 457942
Date Formed: 11/20/2003
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

AICOMP CONSULTING, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Tre Hargett
Secretary of State

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NASHVILLE, TENNESSEE

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