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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: christoffer@claimfound.com

FOREIGN PROFIT/NONPROFIT CORPORATION
Claimfound Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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2015 DEC -9 A 9 26
CLERK OF STATE
TALLAHASSEE, FLORIDA

S Warren

DEC 12 2016

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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. Claimfound 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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/03/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. No transactions prior to Registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 707 Nw 20th Street, Gainesville, FL 32603
(Principal office address)

(Current mailing address, if different)

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

Name: Christoffer D Prompovitch

Office Address: 707 Nw 20th Street
Gainesville, Florida 32603
(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.

Christoffer D Prompovitch

(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: see attached

Address: _____

B. OFFICERS

President: Nicholas A DeRobertis

Address: 707 Nw 20th Street, Gainesville, FL 32603

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. see attached

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. Christoffer D Prompovitch, CEO

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

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2016 DEC 9 A 9 21
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TALLAHASSEE, FLORIDA

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

Christoffer D Prompovitch, CEO
707 Nw 20th Street
Gainesville. FL 32603

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TALLAHASSEE, FLORIDA

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Nicholas DeRobertis
707 NW 20th Street
Gainesville, FL 32603

December, 8th 2016

Stacey M. Warren
Regulatory Specialist II
P.O Box 6327
Tallahassee, FL 32314

Dear Ms. Warren:

I am writing to you to confirm the recent dissolution of Claim Found LLC. Furthermore, please consider this letter as an official statement of our intention to not reinstate the name of the company. As such, you can release the business name back into the market place.

Please find the attached letter confirming the dissolution of Claim Found LLC and our case document number is **L15000168613**.

Please let me know if there are any issues regarding this request.

Sincerely,
Nick DeRobertis

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TALLAHASSEE, FLORIDA

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLAIMFOUND 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 FIFTH DAY OF DECEMBER, 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 SAID "CLAIMFOUND INC." WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6202564 8300

SR# 20166899574

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203443485

Date: 12-05-16

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