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(Red	questor's Name)					
(Add	dress)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to 6 CEV + NO add RSS	Filing Officer:	159				

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WillMar Management, Inc.

228 East 45th Street Suite 9E New York, New York 10017 Compliance@WillMarManagement.com Ph. 347-227-0244

20 January 2017

Via United States Postal Service

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Subject: Anachron, Inc.

Ref. Number: W17000001259 Letter Number: 417A00000380

Enclosed herewith please find a letter originating from your office dated January 6, 201 in response to our filing referenced above. This letter is returned together with (i) a Certificate of Existence for Anachron, Inc. from its home state of Delaware dated 23 December 2016; and (ii) a revised Application By Foreign Corporation for Authorization to Transact Business in Florida correcting paragraph 7.

Should you have any questions please do not hesitate to contact me.

Very truly yours

Kirke/W. Marsh



January 6, 2017

KIRKE MARSH 228 EAST 45TH STREET, SUITE 9E NEW YORK, NY 10017

SUBJECT: ANACHRON, INC. Ref. Number: W17000001259

We have received your document for ANACHRON, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00000380

COVER LETTER

то:	Registration Section Division of Corporations							
SUBI	ECT:	A١	ACHRON, IN	NC.				
0020			Name	of corpora	tion -	must include suffix		
Dear S	ir or Mada	m:						
"Certi	ficate of Ex	distence		te of Good	Standi	athorization to Tran ng" and check are s in Florida.		
Please	return all c	correspo	ondence concer	ning this ma	atter to	the following:		
KI	RKE MAR	RSH						
				Name	of Pe	rson		,
W	ILLMAR I	MANA	GEMENT, IN	IC.				
				Firm/C	Compa	iny		
22	8 EAST	45TH	STREET SU	ITE 9E				
			,	A	ddress	;		
N	EW YOR	K, NE	W YORK 100)17				
				City/Sta	te and	Zip code		
С	OMPLIA	NCE@	WILLMARM					
			E-mail addre	ss: (to be us	ed for	future annual repor	rt notifi	cation)
For fu	rther inforn	nation o	concerning this	matter, plea	ise cal	l:		
K	IRKE MA	RSH		at (347	7 .	, 227-0244		
	Name of	Persor		\	Code	Daytime Tel	ephone	Number
Enclo	Registrat Division Clifton B 2661 Exe Tallahass	ion Sec of Corp suilding ecutive see, FL	oorations Center Circle			MAILING Registration Division of P.O. Box 63 Tallahassee	Section Corpor 327	n ations
	0.00 Filing		\$78.75 Fili Certificate	ng Fee &		\$78.75 Filing Fee & Certified Copy	. 🗖	\$87.50 Filing Fee, Certificate of Status & 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.

1ANACHR	ON, INC.				
	rporation; must include "INCORPORATED," "(rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	ON,"		
(If name unavailal	ble in Florida, enter alternate corporate name ado	pted for the purpose of transact	ting business in Florida)		
2. DELAWAF	DELAWARE 3. 47-5013501				
	under the law of which it is incorporated)	(FEI number, if applicable)			
4. JUNE 29, 2	015 5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6.					
229 Foot 45	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, 5th Street Suite 9E, New York, New York	F.S., to determine penalty liab	oility)		
7		office address)			
	(rime.pai (Theo address,			
	(Current mailing a	ddress, if different)			
8. Name and street	t address of Florida registered agent: (P.O. E	Box NOT acceptable)			
Name:	NORTHWEST REGISTERED AGENT L	<u>_C</u>			
Office Address:	3030 N. Rocky Point Drive, STE 150	<u>A</u>	72: 34 STATE		
	TAMPA	, Florida 33607	A F		
	(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.

Tom Glover/Manager/Northwest Registered Agent LLC

(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: MARCO M. EEMAN Director: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017 Address: FRANK HOEKSTRA Director: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017 Address: **B. OFFICERS** FRANK HOEKSTRA President: 228 EAST 45TH STREET SUITE 9E NEW YORK NEW YORK 10017 Address: Vice President: MARCO M. EEMAN Secretary: _ 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017 Address: ASSISTANT SECRETARY JACOB WILLEMSEN Treasurer: 228 EAST 45TH STREET SUITE 9E NEW YORK NEW YORK 10017 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Jacob Willemsen, Assistant Secretary

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

13. ____

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANACHRON, 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-THIRD DAY OF DECEMBER, A.D. 2016.

5775873 8300 SR# 20167249545 Authentication: 203582926

Date: 12-23-16