Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000406843)))



H170000406843ABC/

| Note: DO | NOT hit the REFRESH/RELOAD button on your browser f Doing so will generate another cover sheet.                      | rom this page. |
|----------|--|----------------|
| Го:      | Division of Corporations<br>Fax Number : (850)617-6383   | TEEB 13        |
| From:    | Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 | AH 9: 31       |

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

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

7 FEB 13 AM 9: 42

## FOREIGN PROFIT/NONPROFIT CORPORATION

Spatially, Inc.

| Certificate of Status | Û                    |
|-----------------------|----------------------|
| Certified Copy        | Ü                    |
| Page Count            | 04                   |
| Estimated Charge      | \$72 <del>0.00</del> |

\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

## 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.

| (Enter name of c  | orporation; must include 'TNCORPO   | PORATED," "COMPANY," "CORPORATION,"  |
|---|---|--|
| "Inc.," "Co.," "C   | Corp, ""Inc, " "Co," or "Corp.")  |  |
|   |   |  |
| (10)  | 15 7 33 34 34   |  |
|   | able in Florida, enter alternate corpor   | orate name adopted for the purpose of transacting business in Florida)   |
| 2. Delaware   | ry under the law of which it is incorpo   | 3.   |
| (State or countr  | y under the law of which it is incorpo  | porated) (FEI number, if applicable)   |
| 4. 03/14/2011   |   | 5.   |
| (I)ate  | of incorporation)   | (Date of duration, if other than perpetual)  |
| 01/01/2016<br>6.  |   | :  |
| v   |   | f business in Florida, if prior to registration) 01 & 6(17.1502, F.S., to determine penalty liability)   |
| 7 135 San Lorenzo   | Ave Stc 530, Coral Gables, FL - 3314  | 1146-1872  |
| ··  |   | (Principal office address)   |
|   |   |  |
|   | (Сиг  | arrent mailing address, if, different)   |
|   |   | 707.   |
| 8 Name and street   | at address of Elorida registered an   | agent: (P.O. Box NOT acceptable)   |
| ovanie mid <u>succ</u>                                      | •   | igenii. (1.0. Dox. MOT acceptance)   |
| Name:   | CT Corporation System   | <u> </u>   |
| Office Address:   | 1200 South Pine Island Road   |  |
|   | Plantation  | Florida 33324  |
|   | (City)  | (Zip code)   |
|   |   | (-24)  |
| Having been nam<br>designated in this<br>further agree to c | application, I hereby accept the comply with the provisions of all samiliar with and accept the oblig | ccept service of process for the above stated corporation at the pla<br>e appointment as registered agent and agree to act in this capacity<br>I statutes relative to the proper and complete performance of my<br>ligations of my position as registered agent. |
|   | СТ Согр   | reporation System  |
|   |   | Danny Verdecchia   |
|   | عصفصد ومرا  | Assistant Secretary  |
| Ву:   |   | andrenorum numme a chambitant  |
| Вус   | G.  | Régistered agent's signature)  |
| 10. Attached is a contract of                               | certificate of existence duly auther  | neuticated, not more than 90 days prior to delivery of this application or other official having custody of corporate records in the jurisdict   |

FEB 13 AM 9: 34
HASSEE, FLORION

255

|  | WITFEB 13  |
|--|--|
| 11. Names and business addresses of officers and/or directors:   | MLLAHASSEE,  |
| A. DIRECTORS   | TOSEE,   |
| Chairman: Hillit Meidar-Alli   |  |
| Address: 135 San Lorenzo Ave Suite 530 CORAL GABLES, FL 33146  |  |
| Vice Chairman:   |  |
| Address:   |  |
| Director:  |  |
| Address:   |  |
| Director:  |  |
| Address  | •  |
| B. OFFICERS  |  |
| President: Hillit Meidar-Alfi  |  |
| Address: 135 Sau Lorenzo Ave Suite 530 CORAL GABLES, FL 33146  |  |
| Vice President   |  |
| Address:   | :  |
| Secretary:   |  |
| Address.   |  |
| Treasurer:   | ·  |
| Address:   | :  |
| NOTE: If necessary, you may attach an addendum to the application  | on listing additional officers and/or directors.     |
| 12. Signature of Director or C   | Officer  |
| The officer or director signing this document (and who is listed in nu are true and that he or she is aware that false information submitted is a third degree felony as provided for in s.817.155, F.S. | umber 11 above) affirms that the facts stated herein |

13. Hillit Meidar-Alfi, Director and President

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

FL019 - \$15-2503 Wolters Klicker Online



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPATIALLY, 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 NINTH DAY OF FEBRUARY, A.D. 2017.

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

2017 FEB 13 AM 9: 34

4953160 8300

SR# 20170781519

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

Authentication: 202013411

Date: 02-09-17