

F17000001028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

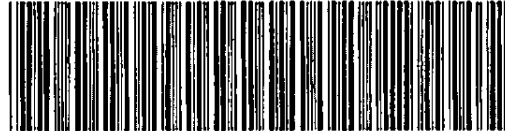
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAR -6 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR. 6 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2017

DR. PAUL GELDERLOOS 2ND REQUEST
215 SE 8TH AVE
SUITE 3020
FORT LAUDERDALE, FL 33301

SUBJECT: SCARLET MOBILE, INC.
Ref. Number: W17000003243

2017 MAR -6 PM 3:07
TALLAHASSEE, FLORIDA

We have received your document for SCARLET MOBILE, 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):

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 817A00000814

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scarlet, 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:

Dr. Paul Gelderloos

Name of Person

Scarlet, Inc.

Firm/Company

215 SE 8th Avenue

Address

Florida, FL 33301

City/State and Zip code

paul@gelderloos.com

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

For further information concerning this matter, please call:

Dr. Paul Gelderloos

954

8059921

at (_____) _____

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
SECRETARY OF STATE

**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. Scarlet mobile, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Iowa

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

10/09/2003

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

215 SE 8th Avenue, Suite 3020, Fort Lauderdale, FL 33301

7. _____
(Principal office address)

(Current mailing address, if different)

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

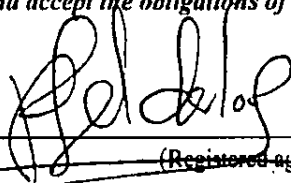
Name: Dr. Paul Gelderloos

Office Address: 215 SE Avenue, Suite 3020

Fort Lauderdale, Florida 33301
(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.



(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.

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TALLAHASSEE, FLORIDA
17

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

A. DIRECTORS

Chairman: Dr. Paul Gelderloos
215 SE Avenue, Suite 3020
Address: Fort Lauderdale, FL 33301

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

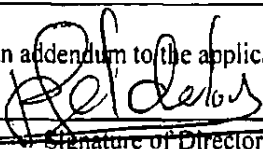
President: Dr. Paul Gelderloos
215 SE Avenue, Suite 3020
Address: Fort Lauderdale, FL 33301

Vice President: _____
Address: _____

Secretary: Dr. Paul Gelderloos
215 SE Avenue, Suite 3020, Fort Lauderdale, FL 33301
Address: _____

Treasurer: Dr. Paul Gelderloos
215 SE Avenue, Suite 3020, Fort Lauderdale, FL 33301
Address: _____

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

12. 
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. Dr. Paul Gelderloos, Business owner
(Typed or printed name and capacity of person signing application)

FILED
MAR 16 PM 2 49
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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Print margins of no larger than 1 inch are recommended

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Date: 1/20/2017

Name: SCARLET, INC. (490 DP - 285087)
Date of Incorporation: 10/9/2003
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS130133**
To validate certificates visit:
sos.iowa.gov/ValidateCertificate


Paul D. Pate, Iowa Secretary of State