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(Re	equestor's Name)			
(Address)				
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DEPARTMENT OF STATE

D. BRUCE MAR 1 5 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FACE 2 FACE MOBILE TECHNOLOGIES, INC Name of corporation - must include suffix				
Name of corporation - mus	i include suffix X			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Autho "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in F	and check are submitted to register the			
Please return all correspondence concerning this matter to the	following:			
PAUL BARTON Name of Person	0N			
	_			
RATHBONE, BARTON AND OLSON PC Firm/Company				
Firm/Company				
4949 MEADOWS ROAD SUITE 600				
Address	_			
LAKE OSWEGO, O City/State and Zip	n 97085			
City/State and Zip	code			
E-mail address: (to be used for fute	ZKMTI, COM			
E-mail address: (to be used for future	are annual report notification)			
For further information concerning this matter, please call:				
DAUID J. CURRIER at (321) Name of Person Area Code	420-6 2 2 0≥			
Name of Person Area Code	Dayting Telephone Number T			
Name of Ferson Area Code	Daytime receptione require			
	Sec. 5			
STREET/COURIER ADDRESS:	MAILING ADDRESS: >			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Puilding RAILING ADDRESS: Registration Section Division of Corporations Division of Corporations				
Division of Corporations	Division of Corporations			
Clifton Building	r.O. DOX 0527 5*			
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314			
Fandidasce, FL 32301				
Enclosed is a check for the following amount:				
-	75 Filing Fee & S87.50 Filing Fee, ified Copy 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.

1. FACE Z FACE MOBILE TECHNOLOGIES, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
inc., Co., Corp., inc., Co., or Corp.)
NOT APPLICABLE
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>DELAWARE</u> 3. <u>81-5328223</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY, 8 ^H , 2017 5. PERPETURL (Date of incorporation) (Date of duration, if other than perpetual)
(Date of incorporation) (Date of duration, if other than perpetual)
6. REGISTRATION DATE
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4700 MILLENIA BLUD SUITE 175, ORLANDU, FL3205
(Principal office address)
7. 4700 MILLENIA BLUO SUITE 175, ORLANDO, FL32839 PD.#617434, ORLANDO, FLORIDA 32861 (Current mailing address, if different)
(Current mailing address, if different)
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: DAVIN O CORRIEN
Office Address: 10401 5 JOHN YOUNL PAREWAY # 228=
ORLAND Florida 32837
ORLAND Florida 32837 (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.

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

A. DIREC		
Chairman: _	DAVID J. CURRIEN (FD)	
	PO 80× 671494	
	02 LANDO, FL 32816	
Vice Chairm	an: SARABJEETS. WARAICH (CTO)	****
Address:	14933 SE JACKSON HIUS DRIVE	
	HAPPYVALLEY OR 97086	
Director:	JOHN E VINCENT (C10)	
Address:	5448 BURNT ACORN WAY	
	OVIEDO, FL 32765	
Director:	CRYSTAL HEADRICK (COO)	
	1178 CHERIVAL DRIVE	
	RISSIMMEE, FL 34759	
B. OFFIC	•	
President: _	DAVID J. CURRIER	291
Address:	PO BOX 671494	
	ORLANDO, FL 328/6	50 T
R.Vice Preside	nt: JOHN E VINCENT	P D
	5448 BUANT ACORNWAY	95 · ·
	OVIEDU, FL 32765	ን፦
Secretary: _	CARRIE L. BARTLEY	
	1178 CHERIVAL DRIVE, KISSIMM	EE, FL 34759
	SAME AS ABOUE	
Address:		
NOTE: If,	necessary, you hay attach an addendum to the application listing addition	al officers and/or directors.
12	Nella	
The officer	Signature of Director or Officer or director signing this document (and who is listed in number 11 above)	affirms that the facts stated berein
are true and	I that he or she is aware that false information submitted in a document to	
_	ree felony as provided for in s.817.155, F.S. AUIN T. CURRIEN — PRECINENT AND CEI	^

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "FACE2FACE MOBILE TECHNOLOGIES, 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 FIFTEENTH DAY OF MARCH, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FACE2FACE MOBILE TECHNOLOGIES, INC" WAS INCORPORATED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2017.

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

Authentication: 202198365

Date: 03-15-17

6310637 8300 SR# 20171778354

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