F17000003096

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17. JUL -5 PH 3: 15
SECRLIARY OF STATE
TALL ANASSEE, FLORIDA

S. WARREN JUL 12 2017.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BLUEPRINT GAMING, IN	NC.	
		nust include suffix
Dear Sir or Madam:		
	te of Good Standi	nthorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.
Please return all correspondence concer	ning this matter to	the following:
ROBERT FOSTER		
	Name of Per	rson
FAST FORWARD ACCOUNTING SOLU	TIONS, PA	
	Firm/Compa	ny
2850 N. UNIVERSITY DRIVE		
	Address	
CORAL SPRINGS, FL 33065	<u> </u>	
BOBFOSTERCPA@BELLSOUTH.NET	City/State and	Zip code
E-mail addre	ss: (to be used for	future annual report notification)
For further information concerning this	matter, please call	:
ROBERT FOSTER	at (<u>954</u>)	821-5378
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following an	nount:	
■ \$70.00 Filing Fee □ \$78.75 Fili Certificate	-	78.75 Filing Fee & Sertified Copy Sertified Copy Certified Copy 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.

(Enter name of c	orporation; must include "INCORPORATED	D," "COMPANY," "CORPORATIO	N,"
	Torp," "Inc," "Co," or "Corp.")		,
N/A			
	able in Florida, enter alternate corporate name	e adopted for the purpose of transaction	ng business in Florida)
2. GEORGIA, US	A	58-2628534	
-· 	ry under the law of which it is incorporated)	(FEI number, if ap	oplicable)
4. MAY 31, 2001	5	3. N/A	
(Date	of incorporation)	(Date of duration, if other	than perpetual)
6. NONE AS OF I	REGISTRATION		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	ity)
7. 796 S. MILITAR	Y TRAIL DEERFIELD BEACH, FL 33442	2	
	(Princ	ipal office address)	
n/a	_		
	(Current mail	ling address, if different)	7
0 N d	or address of Plantide and Second according to	O.D. NOT	
8. Name and stree	et address of Florida registered agent: (P	.O. Box NOT acceptable)	SSS -5 E
Name:	SILVIA BARCELONA		ED 794
Office Address:	796 S. MILITARY TRAIL		102 3 .
	DEERFIELD BEACH	, Florida <u>33442</u>	85 5
	(City)	(Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoin comply with the provisions of all statutes familiar with and accept the obligations	itment as registered agent and aga relative to the proper and compl	ree to act in this capacity. Tete performance of my
_	(Registered	d 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.

1

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

A. DIRECTORS	
Chairman: LARS FELDERHOFF	
Address: 796 S. MILITARY TRAIL	
DEERFIELD BEACH, FL 33442	· · · · · · · · · · · · · · · · · · ·
Vice Chairman:	
Address:	
Director:	
Address:	
	
Director:	70. 3
Address:	
	33 5 F
B. OFFICERS	T9 2 0
President: LARS FELDERHOFF	
Address: 796 S. MILITARY TRAIL	D _{E6} 5
DEERFIELD BEACH, FL 33442	
Vice President:	
Address:	
	. <u></u>
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors.
12. Signature of Director or Office:	
The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a do a third degree felony as provided for in s.817.155, F.S.	11 above) affirms that the facts stated herein
13 LARS FELDERHOEF DIRECTOR	

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

Control Number: 0124847

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BLUEPRINT GAMING INC

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Codé of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

14698256 05/31/2001 Georgia 06/09/2017



Brian P. Kemp Secretary of State