FI700003344

(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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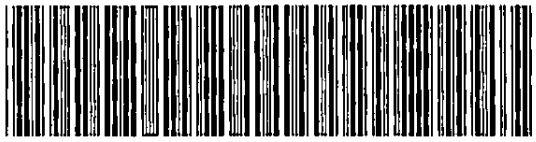
JUL 26 2017

G. McLEOD



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pileum Corporation
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

Pam Smith
Name of Person

Pileum Corporation
Firm Company

146 E. Capitol St. Suite 175
Address

Jackson MS 39201
City State and Zip code

pamsmith@pileum.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Teresa Murphy
Name of Person

at 601 . 510 0657
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:

- [x] $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

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. Pileum Corporation
(Enter name of corporation: must include "INCORPORATED," "COMPANY," or "CORPORATION," "Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp")

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

3. Mississippi
(State or country under the law of which it is incorporated)

4. 65-0720015
(FEI number, if applicable)

5. May 1st 2014
(Date of incorporation)

6. perpetual
(Date of duration, if other than perpetual)

7. 7/1/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)

8. 120 E Capitol St. Suite 1175 Jackson, MS 39201
(Principal office address)

same as above
(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

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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.

[signature] Joanna Fernandez on behalf of InCorp Services, Inc.
(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 J. Beneke

Address 190 E. Capitol Street Suite 175
Jackson, MS 39201

Vice Chairman

Address

Director

Address

Director

Address

B. OFFICERS

President: CEO. Jill Beneke

Address 190 East Capitol Street Suite 175
Jackson, MS 39201

Vice President

Address

Secretary

Address

Treasurer

Address

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

12. Jill Beneke

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. Jill Beneke President & CEO

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

DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 1st day of May, 2002, the State of Mississippi issued a Charter/ Certificate of Authority to:

PILEUM CORPORATION

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said PILEUM CORPORATION is in good standing at this time.

Given under my hand and seal of office
the 29th day of June, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17039119
Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx