

F17000003832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

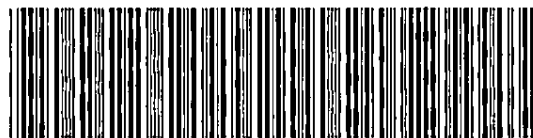
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500302905505

08/24/17--01003--009 **87.50

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2017 AUG 24 AM 9:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

2017 AUG 24 AM 11:08
TALLAHASSEE, FLORIDA

K. SALY
AUG 25 2017

Qwik Courier

Requester's Name

400 Capital Circle SE

Address

#18267 Tallahassee, FL

City/State/Zip

Phone

850.284-4584

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Return to Front Counter to be
placed in Qwik Courier's Box

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)
5. _____
(Corporation Name) (Document #)
6. _____
(Corporation Name) (Document #)
7. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTHENTIC PROCESS, 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:

MICHEL POIGNANT

Name of Person

AUTHENTIC PROCESS, INC.

Firm/Company

350 LINCOLN ROAD SUITE 5016,

Address

MIAMI BEACH FL 33139-3178

City/State and Zip code

mpoignant@me.com

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

For further information concerning this matter, please call:

MICHEL POIGNANT

at (954)

728-0153

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

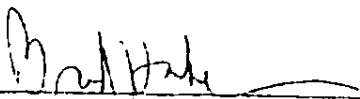
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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. AUTHENTIC PROCESS, 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)
2. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/29/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. NOT APPLICABLE, NO BUSINESS CONDUCTED IN FLORIDA
(Date first transacted business in Florida, if prior to registration;
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 16192 COASTAL HIGHWAY, LEWES, DELAWARE, 19958
(Principal office address)
350 LINCOLN ROAD, # 5016, MIAMI BEACH, FL 33139-3178
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: BRAD HACKER
Office Address: 3990 SHERIDAN STREET SUITE 211A
HOLLYWOOD Florida 33021
(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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2011 AUG 21 AM 9:20
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: MICHEL POIGNANT

Address: 350 LINCOLN ROAD SUITE 5016, MIAMI BEACH FL 33139-3178

Vice Chairman: N/A

Address:

Director: MICHEL POIGNANT

Address: 350 LINCOLN ROAD SUITE 5016, MIAMI BEACH FL 33139-3178

Director: N/A

Address:

B. OFFICERS

President: MICHEL POIGNANT

Address: 350 LINCOLN ROAD SUITE 5016, MIAMI BEACH FL 33139-3178

Vice President: N/A

Address:

Secretary: MICHEL POIGNANT

Address: 350 LINCOLN ROAD SUITE 5016, MIAMI BEACH FL 33139-3178

Treasurer: MICHEL POIGNANT

Address: 350 LINCOLN ROAD SUITE 5016, MIAMI BEACH FL 33139-3178

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. MICHEL POIGNANT, CHAIRMAN AND PRESIDENT

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUTHENTIC PROCESS 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 SEVENTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTHENTIC PROCESS INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2016.

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

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2017 AUG 24 AM 9:20
CLERK OF STATE
TALLAHASSEE, FL 09100



6232117 8300

SR# 20175775442

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203077341

Date: 08-17-17