## F170000004274

(Requestor's Name)						
(Address)						
(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:						
Special instructions to Filling Officer.						

Office Use Only

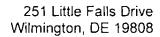


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J. HARRIS





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.: 120000000195

REFERENCE: 833462 7821225

**AUTHORIZATION:** 

COST LIMIT : \$ 70.00

ORDER DATE: September 25, 2017

ORDER TIME: 1:29 PM

ORDER NO.: 833462-005

CUSTOMER NO: 7821225

FOREIGN FILINGS

NAME: PROJECT44, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## **COVER LETTER**

	O: Registration Section Division of Corporations					
SUBJE	CT: 5	Droject444 I	<u>.</u> nc	) 0		
001,		Project 44 I	tion -	must include suffix	-	
Dear Sir	or Madam:					
"Certific	ate of Existence	ion by Foreign Corporation e," or "Certificate of Good! n corporation to transact bu	Stand	ling" and check are sub		
Please re		ondence concerning this ma				
	_	Teff Vander Name	vee			
		Name	of P	erson		
Project 44, Inc. Firm/Company						
	105 W	est Adams		suite 32	.00	
		۸۱ 	ddres 	S / 78 /	<b>-</b>	
Chicago IL 60603  City/State and Zip code						
City/State and Zip code						
TVandeveer@ p-44. Com  E-mail address: (to be used for future annual report notification)						
		17-11th address. (to be as	ica io	r ratare annual report is	ouncationy	
For furth	er information	concerning this matter, plea	ise ca	II:		
Teff Vandeveer at (312) 300 - 7933  Name of Person Area Code Daytime Telephone Number						
Name of Person Area Code Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301					
Enclosed	l is a check for	the following amount:				
☐ \$70.0	00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	J	\$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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 3. 812970923
(State or country under the law of which it is incorporated) (FEI number, if applicable) \_\_\_\_\_\_ 5. \_\_\_\_ (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Svite 3200 Chicago, TL 60603
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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. Roxanne Turner Asst. Vice President

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS JeH Mc Candless Address: 105 West Adams Svite 3200 Chicago, IL. 60603 Vice Chairman: Director: \_\_ Address: B. OFFICERS Jett Mc Cardless Address: 105 West Adams Soite 3200 Chicago, IL 60603 Vice President: Address: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. <u>Jett McCandless</u>

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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PROJECT44, 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 TWENTY-FIFTH DAY OF SEPTEMBER, 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 "PROJECT44, INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2016.

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

S CONTRACTOR OF THE PARTY OF TH

Authentication: 203283885

Date: 09-25-17

6067328 8300 SR# 20176316749