

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC. Account Number : 120000000088

Phone : (800)221-0102 Fax Number : (800)944-6607

RECEIVED

JAN - 5 2018

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION MATHOM INC.

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu Corporate Filing Menu

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Mathom Inc.	<u>-</u>			
Na	ne of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certifi- above referenced foreign corporation	ente of Good Stand	ling" and check are s		
Please return all correspondence conc	erning this matter	to the following:		
Guy A. Reiss				
	Name of P	erson		
Reiss -Preuss LLP				
	Pirm/Comp	any		
200 W 41st St, 20th Floor			A D COMPANY OF THE PARTY OF THE	
	Addres	\$		
New York, NY 10036	23'44.45			
grens@reisspreuss.com	City/State and	I Zip coce		-in .
V 2 1	ess: (to be used to	r future annual report	notification)	
For further information concerning this	s matter, please ca	U:	N-5 RASSET	ILED
Guy A. Reiss	nt (646	731 2776	Z 5.	0
Name of Person	Area Code	Daytime Tele	phone Number 5	
	. 1	Kin .		ń
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		P.O. Box 632 Tallahassee, I	Section orporations 7	
Enclosed is a check for the following at	nount:			
\$ \$70.00 Filing Fee	· ·	78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filling Fee, Certificate of Status &amp; Certified Copy</li> </ul>	

## APPLICATION BY FOREIGN CORPORATION FOP, 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.

me., v.c.o.,	Com," "Inc," "Co," or "Corp.")				
(If name unava	ilable in Fiorida, enter alternate corpo	rate name adopt	ed for the purpose of transaction	ng business in Fiorida)	
2. Delaware			878265		
(State or coun	try under the law of which it is incorp-	orated)	(FEI number, if ap	pplicable)	
4. January 1, 201	<u> </u>	5.	(Date of duration, it other		
(Det	e of incorporation)		(Date of duration, it other	than perpetual)	
b	77N as A* a san a san a 11	(1. 1. 1. F)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	·——·	
			da, if prior to registration) S., to determine penalty liabili	ity)	
7, 2125 Center Avi	enue, Suite 507, Fort Lee, New Jersey	07024		# 3	
		(Principal offi	ce address)		TT
			S	平品 与	*******
	(Cun	rent mailing add	ess, illufferent)	AST -	
0. 21		(11 (5 1)	NOVP blan	35.7 01	Lil
s. Name and <u>stre</u>	et address of Florida registered ag	enti (P.O. nos	ACT acceptable)		0
Name:	Remo Tartaglia			55 -	
Office Address:	4017 Cuscina Way			(g) (i) (i)	1
	Sarasota		Florida 34238	<b>J</b>	
	(City)	<del></del>	(Zip code)		
9. Registered ag	ent's acceptance:		•		
	ned as registered agent and to acc				
	s application, I hereby accept the comply with the provisions of all s				
	familiar with and accept the oblig				
	25				
-	,(Re	gistered agent's	signature)	<del></del>	
the Department of	certificate of existence duly author State, by the Secretary of State or thich it is incorporated.				
sader the taw or w	mon n is morporated.				
		14			

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director: Mathias Riedo
Address: Birchstrusse 3
3186 Decdingen, Switzerland
Director: Thomas Schneuwly
Address: Birchstrasse 3
3186 Duedingen, Switzerland
B. OFFICERS
President: Remo Tanaglia
Address: 4017 Cascina Way
Sarasota, Florida 34238
Vice President
Address:
me b
Seuretary: Richard Danoil
Address: c/o New World Management, Inc., 2125 Center Ave., Suite 507, Foi: ee. NJ 07024 USA
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the Bralleanon listing additional officers and/or directors.
12.
Signature of Director or Officer  The officer or director signing this document (and who is keted 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. Remo Tarraplia, President (Typed or printed name and capacity of person signing application)
(1) ped of printed frame and capacity of persons signing approaching

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MATHOM 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 FIFTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATHOM INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2018.

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

TILED

WIN JAN -5 A II: 15

WELLANDSSEE, FLORIDA

6683654 8300 SR# 20180083544

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

Marry W Banker, Street, and and

Authentication: 201923771 Date: 01-05-18