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	(Requestor's Name)	_
	(Address)	_
	(Address)	_
	(City/State/Zip/Phone #)	
PICK-UP	P WAIT MAIL	
	(Business Entity Name)	_
	(Document Number)	_
Certified Copies	Certificates of Status	_
Special Instructions	s to Filing Officer:	7
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: 1/23/2018	Account#. 12000000000
Name: Merritt Knickle	
Reference #: D312725	
Entity Name: CONNEXSOFT INC.	
✓ Articles of Incorporation/Authorization to Transact Busine	ess
Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other CERTIFICATE OF STATUS UPOR	FILING
1	
Authorized Amount: \$78,75 Signature:, MAVK	
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GICORPORATE HQ COGENCY GLOBAL INC. IC E 40 ST, 10 FL NY, NY 10016 800.221.0107 -1.212.947.7200

FEUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERD IN FIGUAND A WALES
REGISTER ACCOPY
6 BEVIS MARKS, DEFL
LONDON ECBA 78A
+44 (0)20.3786.1090

→ ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED

AHONG FONG I AFTE COMPANY

INFINITUS PLAZA, 12° FL

199 DES VOEUX RD CENTRAL

HONG KONG

+852,3975,1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

COVER LETTER

TO: Registration Section Division of Corporations	
ConneXSoft Inc.	
SUBJECT: Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.
Please return all correspondence concerning this management of the Selena Moore, Paralegat	atter to the following:
Name	of Person
Pierce Atwood LLP	
Firm/	Company
1 New Hampshire Ave., Suite 350	
A	ddress
Portsmouth, NH 03801	
City/Sta	tte and Zip code
areport@pierceatwood.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Sciena Moore 603	373-2009
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

Natauran		ame adopted for the purpose of transacting business in Florida)
CIAWAIC	under the law of which it is incorporated	3. (FEI number, if applicable)
1/17/2018	of incomparation)	5(Date of duration, if other than perpetual)
	(Date first transacted busin	ess in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 6	07.1502, F.S., to determine penalty liability)
434 Vintage Lan	e, Naples, FL 34104	ų»
	(Pi	rincipal office address)
	(0)	mailing address, if different)
	(Curant	maning acades, it dissession
Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable)
	Cogency Global Inc.	,
Name:	115 North Calhoun Street, Suite 4	
fice Address:		
	Tallahassee	32301 , Florida
	(City)	(Zip code)

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 Chairman: __ Vice Chairman: ____ Address: __ Walter Immler Director: 1434 Vintage Lane Address: Naples, FL 34104 Director: Address: ____ **B. OFFICERS** Walter Immler President: 1434 Vintage Lane Address: Naples, FL 34104 Vice President: ____ Stefanie Immler 1434 Vintage Lane, Naples, FL 34104 Address: Stefanie Immler Treasurer: 1434 Vintage Lane, Naples, FL 34104 Address: 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.

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

13. Walter Immler

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CONNEXSOFT 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-THIRD DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONNEXSOFT INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2018.

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

Authentication: 202016038

Date: 01-23-18