

F18000000585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

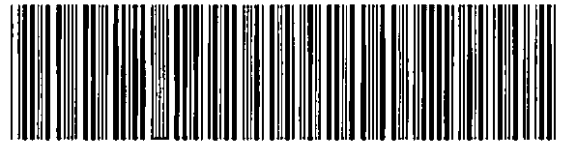
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

file second

~~W18-10885~~

Office Use Only



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RECEIVED  
18 FEB - 1 AM 9:49  
ALABAMA STATE  
TALAHASSEE, FLORIDA

RECEIVED  
2018 FEB - 1 M 3:39  
ALABAMA STATE  
TALAHASSEE, FLORIDA

FEB 06 2018

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2018

CT CORP

SUBJECT: REWARDZZZ, INC.  
Ref. Number: W18000010885

We have received your document for REWARDZZZ, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 518A00002223

*original file date*

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 02/01/2018

ACCT. I20160000072

*en: c SW*

Name:	Rewardzzz, Inc
Document #:	
Order #:	10817657

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing:	Certified
	Plain:
	COGS:

This is part of a 1-2 filing.  
File this second.

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 87.50

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Rewardzzz, Inc.

**SUBJECT:** \_\_\_\_\_  
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:  
Mark Devine

\_\_\_\_\_  
Name of Person  
c/o WilmerHale

\_\_\_\_\_  
Firm/Company  
60 State Street

\_\_\_\_\_  
Address  
Boston, MA 02109

\_\_\_\_\_  
City/State and Zip code  
Htf9@cornell.edu

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

For further information concerning this matter, please call:

Mark Devine                      617              526-5122  
\_\_\_\_\_  
Name of Person                      at (              )              Daytime Telephone Number  
Area Code

**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.

Rewardzzz, Inc.

1. \_\_\_\_\_  
(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

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/1/18 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
7500 Miami View Drive, North Bay Village, FL 33141

7. \_\_\_\_\_  
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

1200 South Pine Island Road

Office Address: \_\_\_\_\_  
Plantation 33324  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

C T Corporation System

By: \_\_\_\_\_

(Registered agent's signature)

**LAUREN KREATZ**  
**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.

FILED  
18 FEB - 1 AM 9:49  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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

A. DIRECTORS

Hunter Friedland

Chairman:

7500 Miami View Drive, North Bay Village, FL 33141

Address:

Vice Chairman:

Address:

Clifford Friedland

Director:

7500 Miami View Drive, North Bay Village, FL 33141

Address:

Director:

Address:

B. OFFICERS

Hunter Friedland

President:

7500 Miami View Drive, North Bay Village, FL 33141

Address:

Vice President:

Address:

Penelope Friedland

Secretary:

7500 Miami View Drive, North Bay Village, FL 33141

Address:

Clifford Friedland

Treasurer:

7500 Miami View Drive, North Bay Village, FL 33141

Address:

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

12.

Hunter Friedland

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.

Hunter Friedland, President

13.

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

18 FEB - 4 AM 5:49  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REWARDZZZ, 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 FIRST DAY OF FEBRUARY, A.D. 2018.

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


18 FEB -1 AM 9:49  
SECRETARY OF STATE  
DELAWARE



6737155 8300

SR# 20180651487

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202074796

Date: 02-01-18