

F18000001525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

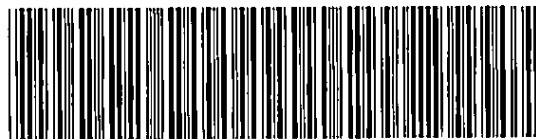
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

18 MAR 30 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

APR 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2018

SAM MAUIE
4434 CARRIAGE OAK LN
ORNAGE PARK, FL 32065

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 118A00003903

RECEIVED
MAR 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations
11:FS AMERICAS 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:
RENATA HOWARD

_____	Name of Person
CITRIN COOPERMAN	
_____	Firm/Company
37 NORTH AVENUE	
_____	Address
NORWALK CT 06851	
_____	City/State and Zip code
rhoward@citrincooperman.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENATA HOWARD	203	847-4068
_____	at (_____)	_____
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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

11:FS AMERICAS 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 82-3634550

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/27/2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 37 NORTH AVENUE, NORWALK, CT 06851
(Principal office address)

(Current mailing address, if different)

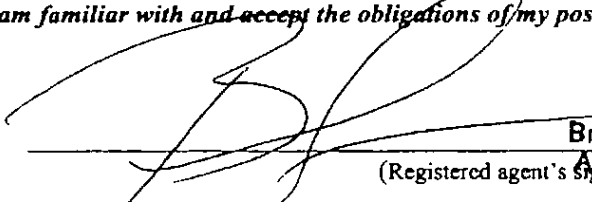
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
CORPORATION SERVICE COMPANY

Name: _____
1201 HAYS ST

Office Address: _____
TALLAHASSEE 32301
(City) , Florida (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.


Brian Courtney
(Registered agent's signature) - Pres.

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: David Brecht
Address: WeWork c/o 11:FS, Aldgate Tower
2 Leman Street, London, E1 8FA UK

Vice Chairman: Jason Bates
Address: WeWork c/o 11:FS, Aldgate Tower
2 Leman Street, London, E1 8FA UK

Director: Simon Taylor
Address: WeWork c/o 11:FS, Aldgate Tower
2 Leman Street, London, E1 8FA UK

Director: _____
Address: _____

B. OFFICERS

President: _____
Address: _____

Vice President: Sam Maulie
Address: 4434 Carriage Oak Lane
Orange Park, FL 32065

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12. [Signature]
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. Samuel Samuel Maulie Managing Partner North America
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "11:FS AMERICAS, 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 SIXTH DAY OF FEBRUARY, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

6633655 8300

SR# 20180756781

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

Authentication: 202103485

Date: 02-06-18