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NAME: HOFFMAN COMMUNICATIONA, INC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE ALMUL Hodge

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Hoffman Communications, I	nc.			
		of corporatio	n - must include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to t	of Good Sta	nding" and check are su	act Business in Florida," bmitted to register the	
	return all correspondence concerni th Spainhour	ing this matte	r to the following:		
Brooks	Pierce McLendon Humphrey & Leon	Name of ard, LLP	Person		
P.O. Bo	ox 1800	Firm/Con	npany		
Raleigh	, NC 27602	Addr	css		
espainh	our@brookspierce.com	City/State a	лd Zip code		
	E-mail address	: (to be used	for future annual report i	notification)	
For furt	her information concerning this m	atter, please o	call:		
Elizabeth Spainhour		919	573-6229		
	Name of Person	at (Area Cod		none 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	d is a check for the following amou	ınt:			
⋾\$70.0	00 Filing Fee		\$78.75 Filing Fee & Certified Copy	I \$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.

1	munications, Inc.					
"Inc.," "Co.," "C	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"				
(If name unavail Delaware 2.						
(State or count January 29, 201 4.	ry under the law of which it is incorporated)	(FEI number, if applicable)				
(Date	e of incorporation)	(Date of duration, if other than perpet	tual)			
	(SEE SECTIONS 607.1501 & 607.15 arkway, Unit 2, Jacksonville, FL 32227	n Florida, if prior to registration) 502, F.S., to determine penalty liability)				
400 Ocean Road	(Princip , #175, Vero Beach, FL 32963	pal office address)				
	(Current mailir	ng address, if different)				
8. Name and <u>stree</u> Name:	Paracorp Incorporated Paracorp Incorporated		2018 APR			
Office Address:	155 Office Plaza Drive, 1st Floor		#7	-		
	Tallahassee	32301 , Florida		Takey		
	(City)	(Zip code)	© # 3	•		
Having been nam designated in this further agree to co	application, I hereby accept the appointn	ce of process for the above stated corporat. nent as registered agent and agree to act in elative to the proper and complete perform f my position as registered agent.	this capacity. I	,		
	MA:	TT HARZUCCO CEO OF PARA gent's signature) 41142018	CORP INCO	RPURATE		
	(Registered a	gent's signature) 4 (4 W W				

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.

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

	ECTORS William S. Hoffman			
Chairman	400 Ocean Road, #175, Vero Beach, FL 32963			
Address:				
	n/a			
Vice Chai	rman:	· · · · · · · · · · · · · · · · · · ·		
Address:				
	William S. Hoffman			
Director:	400 Ocean Road, #175, Vero Beach, FL 32963			
Address:				
Disastas	n/a			
Address:				_
B. OFFI	CERS			
President:	William S. Hoffman			
	400 Ocean Road, #175, Vero Beach, FL 32963			—
7 tudi 033. .		3.		
Vice Presid	n/a		7-	
	ent:	<u></u>	20	-
Address: _		<u> </u>		- E
-	William S. Hoffman	<u> </u>	- 5: -	17
Secretary:			ξp	جينو. ري _ا <u>ت</u>
4 1 1 .	00 Ocean Road, #175, Vero Beach, FL 32963	92	80	•
Treasurer;		-		
Address: _				_
NOTE: I	necessary, you may attach an addendum to the application lighting additional officers and	or directors		_
12				
	Signature of Director of Officer			_
The office	or director signing this document (and who is listed in number 11 above) affirms that the	facts stated	herein	
third deg	d that he or she is aware that false information submitted in a document to the Department ree felony as provided for in s.817.155, F.S.	t of State con	stitutes	ı
	n S. Hoffman, President			
	(Typed or printed name and capacity of person signing application)			_

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOFFMAN COMMUNICATIONS, 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 APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOFFMAN COMMUNICATIONS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2018.

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

6731775 8300

SR# 20182457368 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202456686

Date: 04-05-18