

F18000001896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

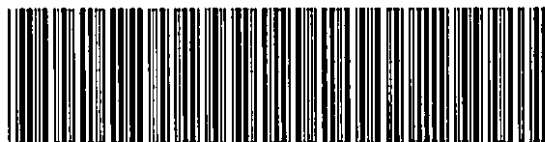
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

APR 24 2018

Pedersen

Pedersen & Houpt

April 11, 2018

Alexis Gimpert

Paralegal

312 261 2512

Fax 312 261 1512

agimpert@pedersenhoupt.com

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: N-Coded Communications, Inc.

Dear Sir/Madam:

Please find enclosed the fully executed Application by Foreign Corporation for Authorization to Transact Business in Florida, Cover Letter, Delaware Certificate of Good Standing and payment in the amount of \$70.00 payable to the *Florida Department of State* for the filing fee. Kindly cause the application and its requisite payment to be processed by you department.

If you have any questions regarding the enclosures, please do not hesitate to contact me.

Sincerely,



Alexis Gimpert

Enclosures

01035716v1

COVER LETTER

TO: Registration Section
Division of Corporations
NCoded Communications, 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:
Alexis Gimpert

Name of Person
Pedersen & Houpt, a professional corporation

Firm/Company
161 N. Clark Street, Suite 2700

Address
Chicago, IL 60601

City/State and Zip code
agimpert@pedersenhoupt.com

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

For further information concerning this matter, please call:

Alexis Gimpert 312 261-2512

Name of Person at () 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.*

NCode Communications, 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)
04/10/2018 LLC converted to a Corporation

4. 07/16/2016 LLC organized 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)
17633 Gunn Hwy #188, Odessa, FL 33556

7. _____
(Principal office address)

(Current mailing address, if different)

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

Peter W. Rung

Name: _____

17633 Gunn Hwy #188

Office Address: _____

Odessa

33556

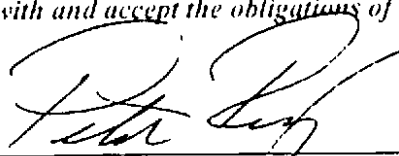
Florida

(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.



(Registered agent's signature)

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Director Shad Epolito

~~RESIDENCE~~ _____

17633 Gunn Hwy #188, Odessa, FL 33556

Address: _____

Peter Rung

Director: _____

17633 Gunn Hwy #188, Odessa, FL 33556

Address: _____

Dennis D'Amico

Director: _____

17633 Gunn Hwy #188, Odessa, FL 33556

Address: _____

B. OFFICERS

CEO Peter Rung

~~RESIDENCE~~ _____

17633 Gunn Hwy #188, Odessa, FL 33556

Address: _____

Vice President: _____

Address: _____

Mary Claire Ryan

Secretary: _____

17633 Gunn Hwy #188, Odessa, FL 33556

Address: _____

Treasurer: _____

Address: _____

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

12. _____

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.

Peter Rung, CEO

13. _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NCODED 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 ELEVENTH DAY OF APRIL, A.D. 2018.

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



5367447 8300

SR# 20182617523

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202494824

Date: 04-11-18