## F18000002618

(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:				
W18-51964				

Office Use Only



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RESUBMIT

Please give original submission date as file date.

June 5, 2018

CSC ROXANNE

SUBJECT: FDM GROUP, INC. Ref. Number: W18000051964

We have received your document for FDM GROUP, INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P09000011171 - F D & M GROUP, INC..

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

Brittany M Figueroa Regulatory Specialist II

Letter Number: 018A00011475

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 916433 5164296						
AUTHORIZATION :						
COST LIMIT : \$ (70.00						
ORDER DATE: November 15, 2017						
ORDER TIME : 2:39 PM						
ORDER NO. : 916433-110						
CUSTOMER NO: 5164296						
FOREIGN FILINGS						
NAME: FDM GROUP, INC.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
	FDM GR	FDM GROUP, INC.					
SUBJ	ECT:	Name	of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·		
Dear S	Sir or Madam:		·				
"Certi		e," or "Certificate	of Good Star	iding" and check are	nsact Business in Florida." submitted to register the		
	return all corresp	ondence concern	ing this matter	to the following:			
			Name of	Page 2	· · · · · · · · · · · · · · · · · · ·		
FDM (	Group, Inc.		Name of	rerson			
			Firm/Com				
14 Wa	II Street 31ST FI			F			
			Addre	25.8			
New Y	ork, NY 10005						
			City/State a	nd Zip code			
keith.c	ameron@fdmgroup						
		E-mail address	s: (to be used f	or future annual repo	ort notification)		
For fur	ther information (	concerning this n	atter, please c	all:			
Keith Cameron		917	789-1069				
	Name of Persor	I	at (	e Daytime Te	lephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				Registratio Division of P.O. Box 6	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ed is a check for t ).00 Filing Fee	he following amo \$78.75 Filin Certificate of	g Fee & □	\$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. FDM GROUP, INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") FDM GROUP (FLORIDA), INC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 14 Wall Street 31ST Fl, New York, NY 10005 (Principal office address) 14 Wall Street 31ST Fl, New York, NY 10005 (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 Street Office Address: Tallahassee (City) 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. Roxanne Turner Asst. Vice President Corporation, (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.

11. Nar	mes and business addresses of officers and/or directors:	
A. DIR	RECTORS	
Chairma	n:	
Address:		
Vice Cha	airman:	
Director:	Roderick Flavell	2016
Address:	37 Roedean Road, Brighton, SXE BN25RA UNITED KINGDOM	21.1
Muuress.		75.2 <u>1</u>
		# I: 53
Address:		<u> </u>
B. OFF	TCERS  Roderick Flavell	
President		
Address:	37 Roedean Road, Brighton, SXE BN25RA UNITED KINGDOM	
Vice Pres	Paul A. Gates ident:	
Address:	95 Circle Drive, Hastings On Hudson, NY 10706	
Secretary:	Michael McLuren	
Address:	October House, The Mount Drive, Reigate, SRY RH20EZ UNITED KINGDOM	
Treusurer:	Michael McLaren	
	October House, The Mount Drive, Reigate, SRY RH20EZ UNITED KINGDOM	
Address.		3'
	If necessary, you may attach an addendum to the application listing additional officers and/or	r directors.
2	Signature of Director or Officer	
l he offic	er or director signing this document (and who is listed in number 11 above) affirms that the t	acts stated herein
re true a	and that he or she is aware that false information submitted in a document to the Department of	of State constitutes
third de	regree felony as provided for in s.817.155, F.S.	
3	(Typed or printed name and capacity of person signing application)	
	(Typed or printed fiame and capacity of person signing approximation)	



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

DELAWARE, DO HEREBY CERTIFY "FDM GROUP, 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 JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FDM GROUP, INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 1998.

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



Authentication: 202804920

Juffrey W. Bullock, Secretary of State

Date: 06-01-18

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SR# 20184865722