

F18000002846

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000180160 3)))



H180001801603ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Rebalance Tech Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
2018 JUN 18 AM 9:50

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
2018 JUN 18 AM 10:54

2018 JUN 18 AM 10:54

FILED

**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.

REBALANCE TECH CORP.

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) (PEI number, if applicable)
April 5, 2018

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 607.1301 & 607.1302, F.S., to determine penalty liability)

7. _____
(Principal office address)
c/o EXCO US ATRIUM, 44 W. FLAGLER ST. STE 2300, MIAMI FL 33130

(Current mailing address, if different)

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

Name: 44 W. FLAGLER ST., STE 2100
Office Address: MIAMI, Florida 33130
(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.

WILSON, FORD

2018 JUN 18 AM 10:54

1

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: CORINNE KLUCIK

Address: LES JARDINS DE L'ATLAS Villa VI-67 TAHANAOUT 42300 MARRAKECH, MOROCCO

Director: PHILIPPE AVICE

Address: LES JARDINS DE L'ATLAS Villa VI-67 TAHANAOUT 42300 MARRAKECH, MOROCCO

B. OFFICERS

President: PHILIPPE AVICE

Address: LES JARDINS DE L'ATLAS Villa VI-67 TAHANAOUT 42300 MARRAKECH, MOROCCO

Vice President: _____

Address: _____

Secretary: CORINNE KLUCIK

Address: LES JARDINS DE L'ATLAS Villa VI-67 TAHANAOUT 42300 MARRAKECH, MOROCCO

Treasurer: CORINNE KLUCIK

Address: LES JARDINS DE L'ATLAS Villa VI-67 TAHANAOUT 42300 MARRAKECH, MOROCCO

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.

13. CORINNE KLUCIK, CFO & SECRETARY

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

2018 JUL 18 AM 10:54
MARRAKECH, MOROCCO
LES JARDINS DE L'ATLAS
Villa VI-67 TAHANAOUT

ILCB

Delaware

The First State

Page 1

I, JEFFREY W. HULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REBALANCE TECH CORP." 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 FIFTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REBALANCE TECH CORP." WAS INCORPORATED ON THE FIFTH DAY OF APRIL, A.D. 2018.

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



6831421 8300

SR# 20185194280

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

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

Authentication: 202897041

Date: 06-15-18