

06/22/2018 10:25

(FAX) 858-3588

P.001/006

Division of Corporations

Page 1 of 2

# F18000002944

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.**

((H18000186036 3)))



H180001860363ABCU

**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 : 120080000067  
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**  
**OrderOn Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

B FIGUEROA

JUN 25 2018

Electronic Filing Menu

Corporate Filing Menu

Help

10

RECEIVED

2018 JUN 22 AM 10:49

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32399-0400

2018 JUN 22 PM 1:06

2018 JUN 22 PM 1:06

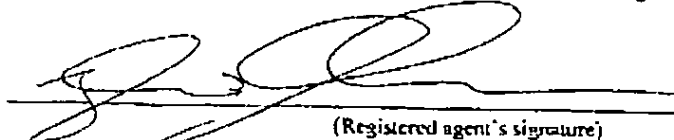
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. OrderOn Inc.  
(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)
2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/18/2018 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. 1255 West Atlantic Blvd., Suite #219, Pompano Beach, FL 33069  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Glenn Johnson  
Office Address: 1255 West Atlantic Blvd., Suite #219  
Pompano Beach, Florida 33069  
(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.

2018 JUN 22 PM 1:06  
FILED  
CLERK OF COURT  
JULIA S. HARRIS

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

**A. DIRECTORS**

Chairman: Bryan Courchesne  
Address: 1255 West Atlantic Blvd., Suite #219, Pompano Beach, FL 33069

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Glenn Johnson  
Address: 1255 West Atlantic Blvd., Suite #219, Pompano Beach, FL 33069

Director: John W. Johnson III  
Address: 1255 West Atlantic Blvd., Suite #219, Pompano Beach, FL 33069

**B. OFFICERS**

President: Bryan Courchesne  
Address: 1255 West Atlantic Blvd., Suite #219, Pompano Beach, FL 33069

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Glenn Johnson  
Address: 1255 West Atlantic Blvd., Suite #219, Pompano Beach, FL 33069

Treasurer: John W. Johnson III  
Address: 1255 West Atlantic Blvd., Suite #219, Pompano Beach, FL 33069

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. Glenn Johnson Secretary  
(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 "ORDERON 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 TWENTIETH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORDERON INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2018.

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



6936538 8300

SR# 20185261994

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 202921165

Date: 06-20-18

06/22/2018 10:25

(FAX) 845 818 3588

P.003/006

850-617-6381

6/21/2018 9:30:23 AM PAGE 1/001 FAX SERVER



June 21, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: ORDERON INC.  
REF: W18000057795

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott  
Regulatory Specialist II

FAX Aud. #: H18000184199  
Letter Number: 618A00012914

RECEIVED

2018 JUN 22 AM 10:49

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

06/22/2018 10:25

(FAX)845 818 3588

P.002/006

850-817-6381

6/22/2018 9:29:01 AM PAGE 1/001 Fax Server



June 22, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: ORDERON INC.  
REF: W18000057795

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H18000184199  
Letter Number: 018A00013026



RECEIVED

2018 JUN 22 AM 10:49

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL