

07/19/2018 17:42 #177-P.001/004
Division of Corporations Page 1 of 2
F18000003355

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6333

From: Account Name : COGENCY GLOBAL, INC.
Account Number : 120000300088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

****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
XMPIC INC.**

Certificate of Status	0
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K. SALY
JUL 23 2018

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Corporate Filing Menu

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**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. XMPie 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. 5/1/2000 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. 485 Lexington Avenue 10th. Floor, New York, NY 10017
(Principal office address)
- _____
(Current mailing address, if different)

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

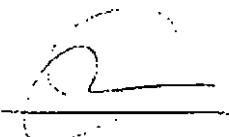
Name: Cogency Global Inc.

Office Address: 115 N CALHOUN ST. STE. 4

TALLAHASSEE, Florida 32301
(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.

 BARBARA LUMETTA, ASST. SECRETARY
(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.

FILED
 18 JUL 19 AM 9:42
 DEPARTMENT OF STATE
 DIVISION OF CORPORATE
 REGISTRATION

From:

07/19/2018 17:43 #177 P.003/004

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18 JUL 19 AM 9:43

SEC. OF STATE
NEW YORK

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

A. DIRECTORS

Chairman: N/A

Address:

Vice Chairman: N/A

Address:

Director: Andrew P. Copley

Address: 485 Lexington Avenue, 25th floor
New York, NY 10017

Director: N/A

Address:

B. OFFICERS

President: Jacob Aizikowitz

Address: 485 Lexington Avenue, 25th floor
New York, NY 10017

Vice President: Eran Baron, V.P. Finance

Address: 485 Lexington Avenue, 25th floor
New York, NY 10017

Secretary: Douglas H. Marshall

Address: 485 Lexington Avenue, 25th floor, New York, NY 10017

Treasurer: Robert Birkenholz

Address: 485 Lexington Avenue, 25th floor, New York, NY 10017

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. Jacob Aizikowitz, Officer

(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 "XMPLE 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 NINETEENTH DAY OF JULY, 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 "XMPLE INC." WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 2000.

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

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18 JUL 19 AM 9:43
SECRETARY OF STATE
DELAWARE



3220583 8300

SR# 20185751517

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

A handwritten signature in black ink, reading "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: 203095749

Date: 07-19-18