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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(0.1, 1.1.)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	;	I2000000195			
		REFERENCE	:	322669	8205178		
		AUTHORIZATION	:	SON S	7		
	·	COST LIMIT	:	\$70.00	Class.		
ORDER	DATE :	July 27, 2018					
ORDER	TIME :	12:14 PM					
ORDER	NO. :	322669-005					
CUSTOM	MER NO:	8205178					
FOREIGN FILINGS							
NAME: M2P CONSULTING INC.							
XXXX QUALIFICATION (TYPE: <u>CO</u>)							
PLEASE	RETURN	THE FOLLOWING AS	PR	OOF OF F	ILING:		
XX	PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	AND	ING			

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO:	Registration Section Division of Corporations						
GT:D	M2P Consulting, Inc.						
SORI	ECT: Name of corpora	tion - mu	st include suffix				
Dear S	ir or Madam:						
"Certi	iclosed "Application by Foreign Corporation ficate of Existence," or "Certificate of Good referenced foreign corporation to transact bu	Standing'	and check are sub				
Please	return all correspondence concerning this m	atter to th	e following:				
	.Name	e of Perso	n				
	Firm	Company	<u> </u>				
 	A	ddress					
	City/Sta	ate and Zi	p code				
	E-mail address: (to be u	sed for fu	ture annual report r	notification)			
For fu	rther information concerning this matter, plea	ase call:	·				
	at (,					
	Name of Person Area	Code	Daytime Telep	hone 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				
Enclos	ed is a check for the following amount:						
☐ \$76	0.00 Filing Fee S78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified Copy	S87.50 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. M2P Consulting 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 husiness in Florida) Delaware 90-0807987 (State or country under the law of which it is incorporated) (FEI number, if applicable) January 13, 2012 (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) 1 Rockefeller Plaza, 11th Floor, New York, New York 10020 (Principal office address) (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) (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. **Emily Croft** Corporation Service Company Asst. Vice President

10. Attached is a certificate of existence duly authenticated, no 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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: 1 Rockefeller Plaza, 11th Floor Address: New York, NY 10020 Vice Chairman: Director: _ Address: ___ Address: **B. OFFICERS** President: Address: _____ Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application lixting additional officers and/or directors. 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 of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. David Ploog, Director 13.

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "M2P CONSULTING 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 TWENTY-SEVENTH 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 "M2P CONSULTING INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JANUARY, A.D. 2012.

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

Authentication: 203141334

Date: 07-27-18