To:	Page 2 of 5 8/22/2018	C S D B D D D D D B B B B B B B B B B B B
		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.
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		To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM
		From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 Fax Number : (954)208-0845
		<pre>**Enter the email address for this business entity to be used for future for future for annual report mailings. Enter only one email address please.** Email Address:</pre>
		FOREIGN PROFIT/NONPROFIT CORPORATION BranchPattern, Inc.
63	RECONSTRUCT	
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## FAX COVER SHEET

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## COVER MESSAGE

Julie Outlaw Associate Fulfillment Specialist Fulfillment Operations CT Corporation

Team (614) 280-3338 GlobalFulfillme<u>ntTeam@wolterskluwer.com</u>



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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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.

BranchPattern, Inc. Ł.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

Nchraska 2.		47-75			_
(State or country	under the law of which it is incorporated)		(FEI number, if applie	able)	-
11/5/1991		S. Perps			-
(Date	of incorporation)	··· <u></u>	(Date of duration, if other that	n perpetual)	
8/20/2018				<u>_</u>	-
···	(Date first transacted busines (SEE SECTIONS 607 1501 & 607	s in Flori 7.1502, F	da, if prior to registration) .S., to determine penalty liability)		
7 2820 N. 48th Stre	et, Lincoln, NE 68504			ZONE SE	
(	(Prir	icipal off	ce address)	AUG CRET	T
	(Current ma	niling add	ress, if different)	- SSE	
8. Name and stree	a address of Florida registered agent: (	P.O. Bo	x <u>NOT</u> acceptable)	AM 9: 0F SV E. FLOI	τ
Name:	C T Corporation System			P10 26	
Office Address:	1200 South Pine Island Road				
	Planation		, Florida		
	(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.

C T Corporation System Bree Zahner, Assistant 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.

To Page 4 of 5

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11. 1	Names a	and business	addresses	oſ	officers.	and/	or c	lirectors:
-------	---------	--------------	-----------	----	-----------	------	------	------------

#### A. DIRECTORS

Ravi Maniktala	
Chairman:	
Vice Chaiman:	
7400 College Blyd, #150, Overland Park, KS 66210	
Director: Nate Maniktala	TALES T
Address: 8040 Davenport, Omaha, NE 68114	AUG 22
Director:	
Address:	51.1 10 10 10 10 10

## **B. OFFICERS**

President:	Rick Maniktala
	7400 College Blvd, #150, Overland Park, KS 66210
Vice Presi	Nate Maniktala
	S040 Davenport
	Omaha, NE 68114
Secretary:	Debora Swanson
	2820 N. 48th Street, Lincoln, NE 68504
	Ravi Maniktala
	2820 N. 48th Street, Lincoln, NE 68504
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Allow Justician
	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. \_\_\_\_\_\_Debora Swanson, Secretary

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

2018-08-22 12 26 52 CST

19542080845 From Ranae McGraw

# STATE OF NEBRASKA

**}** 58.

United States of America, State of Nebraska

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

## BRANCHPATTERN, INC.

incorporated on November 5, 1991 and is duly incorporated under the law of Nebraska;

that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

> This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

August 22, 2018

Secretary of State

Verification (D f5f62eb has been assigned to this document. Go to ne.gow/go/validate to validate authenticity for up to 12 months.