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(R	equestor's Name)	-
(A	ddress)	_
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(0	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(E	Ocument Number)	 _
Certified Copies	Certificates of	Status
Constitution of	- Five - Office -	ļ
Special Instructions to	o Filing Officer:	ĺ
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FlashParking, Inc. Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Floridate of Existence," or "Certificate of Good Standing" and check are submitted to register above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Laura Hu	
Name of Person	• **
FlashParking, Inc.	* * * * * * * * * * * * * * * * * * * *
FlashParking, Inc. Firm/Company	1)
3801 S. Capital of Texas Hwy, Ste. 250	2
Address	5/
Austin, TX 78704	
City/State and Zip code	,- ,-
laura hu @ flashparking.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Laura Hu at (737) 333 - 1670 Name of Person Area Code Davtime Telephone Number	_
Name of Person Area Code Daytime Telephone 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	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee \& \Bigcup \\$78.75 Filing Fee \& \Bigcup \\$87.50 Filing Fee \& \Bigcup \\$Certificate of Status \$\Bigcup Certified Copy \$\Bigcup	of Status &

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.	FlashPar	king, Inc.					
	(Enter name of co	rporation; must include "INCORP	ORATED," "CO	MPANY," "CORPORATION,"			
	"Inc.," "Co.," "Co	огр," "Inc," "Co," or "Corp.")					
	(If name mayaila	hle in Florida, enter alternate como	rate name adonte	d for the purpose of transacting business	in Florida)		
				_	ш гіонда)		
2.	Delaware		3	45 - 1867889 (FEI number if applicable)	07889		
	(State or country	under the law of which it is incorp	orated)	(FEI number, if applicable)			
4.		1/21/2011	5				
	(Date of incorporation)			(Date of duration, if other than perpet	:ual)		
6							
(Date first transacted business in Florida, if prior to registration)							
		(SEE SECTIONS 607.150	1 & 607.1502, F.	S., to determine penalty liability)	. :		
7.	3801 S.	Capital of Texas H	lwy. Ste.2	50 Austin, TX 78704			
-			(Principal offi		•		
					=		
	(Current mailing address, if different)						
				•	=:		
8.	Name and street	address of Florida registered a	gent: (P.O. Box	NOT acceptable)			
	Name:	Jose Morales			~,		
	Name.	JOSE MOINIES					
Of	fice Address:	110 SW 12th Street,	unit 2002				
		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.

11. Names and business addresses of officers and/or directors: 'A. DIRECTORS CEO Chairman: Juan Rodrique Z Address: 6202 Adel Cove Austin, TX 78749 Vice Chairman: ______ Address: ___ Address: ___ Director: _ **B. OFFICERS** President: Sam Goodner Vice President: ___ Address: _ Secretary: Address: _ Treasurer: Address: you may agach an addendum to the application listing additional officers and/or directors. NOTE: If necessary 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. Sam Goodner



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

DELAWARE, DO HEREBY CERTIFY "FLASHPARKING, 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 THIRTEENTH DAY OF SEPTEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203412906

Date: 09-13-18