

FILED 00004718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

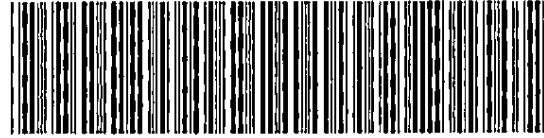
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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18 OCT -5 AM 11:34

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RECEIVED STATE
DEPARTMENT OF STATE
18 OCT -5 AM 11:34

10/18/18 05

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/5/2018

Acc#120160000072

eric DW

Name:	Solfin.net Inc.
Document #:	
Order #:	11192925

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

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OCT - 10 2018
TALLAHASSEE, FL

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!



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18 OCT 17 PM 3:16

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2018

CT CORP

SUBJECT: SOLFIN.NET INC.
Ref. Number: W18000088862

We have received your document for SOLFIN.NET INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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

Letter Number: 418A00020861

EM 101-5 A W 1/18

FILED

Corrected:

Please keep original file date.

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solfin.net Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kimberly Lutes

Name of Person	
Quarles & Brady LLP	
Firm/Company	
411 E. Wisconsin Ave., Ste. 2350	
Address	
Milwaukee, WI 53202	
City/State and Zip code	
kimberly.lutes@quarles.com	
E-mail address: (to be used for future annual report notification)	

FILED
MAY 15 2011
TALLAHASSEE, FL

For further information concerning this matter, please call:

Kimberly Lutes	414	277-5110
_____	at (_____) _____	_____
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
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 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.

1. Solfin.net 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. July 20, 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. 7950 NW 53rd Street, Suite 337, Miami, FL 33166
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

James M. Halpin - Assistant Secretary
(Registered agent's signature)

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Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction for the law of which it is incorporated.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Samuel Chesser

Address: 7950 NW 53rd Street, Suite 337, Miami, FL 33166

Director: _____

Address: _____

B. OFFICERS

President: Samuel Chesser

Address: 7950 NW 53rd Street, Suite 337, Miami, FL 33166

Vice President: _____

Address: _____

Secretary: Nathan Mathews

Address: 411 E. Wisconsin Avenue, Suite 2350, Milwaukee, WI 53202

Treasurer: Samuel Chesser

Address: 7950 NW 53rd Street, Suite 337, Miami, FL 33166

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. Nathan Mathews, Secretary _____

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

FILED
MAY 11 2011
MAY 11 2011

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLFIN.NET 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 FOURTH DAY OF OCTOBER, A.D. 2018.

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

FILED
OCT 5 11 11 AM
2018



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6982475 8300

SR# 20186996153

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

Authentication: 203553697

Date: 10-04-18