# F16000001181

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

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Name:	Marisa Kugelr	mann					
Reference #	10049	65					
Entity Name		COGNOSETTA	, INC.		<u>-</u>		
🖌 Article	es of Incorporation/A	Authorization to Transa	act Business	6			
🗌 Amer	ndment						
🗌 Chan	ige of Agent			5910	~ ^	1	
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🔲 Fictiti	ous Name				· · ·	⊳	
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Authorized Amount: \$70,00	
Signature: Mausake	
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EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGRITERED IN ENGLAND & WALES FECISITY #800C702 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED
 A HONG KONG LIMITED COMPARY
 UNIT B. I/F, LIPPO LEIGHTON TOWER
 103 LEIGHTON RD, CAUSEWAY BAY
 HONG KONG
 P: +852.2682.9633
 F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	10/18/2018				
Name:	Marisa Kugelmann				
Reference	#:1004965				
Entity Nam	e: COGNOSETT	A, INC.			
🗸 Artic	cles of Incorporation/Authorization to Trans	act Business			
🗌 Ame	endment				
🗌 Cha	nge of Agent				
🗌 Reir	nstatement	File	Secor	nd	
🗌 Con	version				
🗌 Merg	ger				
🗌 Diss	solutionWithdrawal		7		
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	Amount: \$\$70.00 Marisa te				

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EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #000772
G LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

# **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:

COGNOSETTA, 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:

	LUISA L. SCO	Π			
	Name of Perso	n			_
	COGNOSETTA,	INC.			
	Firm/Company		_		-
177	787 TROPICAL CO	E DRIVE			
	Address		· · ·		_
	TAMPA, FL 336	47	_		
	City/State and Zi	p code	<u> </u>		
	SA.L.SCOTT@GM		, ,		
E-mail addr	ress: (to be used for fu	ture annual report notificat	tion)	1 1	تمزید
For further information concerning thi	s matter, please call:			٩	1
			• •	$\supset$	
ERICA AU	<sub>at (</sub> 512 )	505-0816	•••••••••••••••••••••••••••••••••••••••	<u>ب</u>	5
Name of Person	Area Code	Daytime Telephone N	umber	_0	
STREET/COURIER ADDR	ESS:	MAILING ADDRES	55:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporati	ons		
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle		Tallahassee, FL 3231	4		
Tallahassee, FL 32301					
Enclosed is a check for the following					

S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status

Certified 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.

## COGNOSETTA, INC.

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

	DELAWARE 3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if othe	r than perpetual)
	(Date first transacted business in Flo	rida if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502,		lity)
	17787 TROPICAL CO	VE DRIVE TAMPA.	FL 33647
		ffice address)	
		ffice address)	
Name and <u>stree</u>	(Principal o	ffice address) Idress, if different)	
Name and <u>stree</u> Nam <del>e</del> :	(Principal o (Current mailing ac	ffice address) Idress, if different)	
Name:	(Principal o (Current mailing ad t address of Florida registered agent: (P.O. B	ffice address) Idress, if different)	11 100 LIA
_	(Principal o (Current mailing ac <u>t address</u> of Florida registered agent: (P.O. B <u>COGENCY GLOBAL INC.</u> 115 North Calhoun Street, Suite 4	ffice address) Idress, if different)	

Registered agent's acceptance:

1.

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.

DocuSign Envelop	ID: 85D75585-0	B16-44E5-BAD9	-F97712123445
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H. Names and business addresses of officers and/or directors:

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A. DIRECTORS			
Chairman:			
Address:		. <u> </u>	<u> </u>
Vice Chairman:			
Address:			
	- <u></u> , .		
Director:	LUISA L. SCOTT		
Address:	17787 TROPICAL COVE DRIVE		
	TAMPA, FL 33647	<u> </u>	
Director:	JOSEPH P. WALTON		
Address:	17787 TROPICAL COVE DRIVE		
	TAMPA, FL 33647		
<b>B. OFFICERS</b>			
President:	LUISA L. SCOTT		
Address:	17787 TROPICAL COVE DRIVE		
	TAMPA, FL 33647	<u>21 - 12</u>	
Vice President:			- 
Address:			¥***
			113 1
Secretary:	JOSEPH P. WALTON	<u>ج</u>	
Address:	17787 TROPICAL COVE DRIVE	· · · · · · · · · · · · · · · · · · ·	
Treasurer:	TAMPA, FL 33647		
NOTE: If necessary,	you prayouther addendum to the application listing additional office	cers and/or director	rs.
12	Unisa Scott		
are true and that he or	B2BFSCESSFB34BO. Signature of Director or Officer r signing this document (and who is listed in number 11 above) affirm she is aware that false information submitted in a document to the De as provided for in s.817.155, F.S.		
13	LUISA L. SCOTT, CHIEF EXECUTIVE OFFICER	<u></u>	

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



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COGNOSETTA, 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 OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COGNOSETTA, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2018.

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

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Secretary of State

Authentication: 203644954

Date: 10-19-18



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SR# 20187224825 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1