

11/26/2018

F18000005342

2018-26-26

121 2023573 F m. 11/26/2018

Division of Corporations

**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.

(((H18000335745 3)))



H18000335745ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (514)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2018 NOV 26 AM 8:25
 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Outbox Systems, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

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. Outbox Systems, 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

(State or country under the law of which it is incorporated)

3. 47-2080218

(FE) number, if applicable

4. 09/12/2014

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9350 S 150 E, Suite 220, Sandy, UT 84070

(Principal office address)

same

(Current mailing address, if different)

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

Name: NRAI Services, Inc.

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.

By: Ternell Kearney

Ternell Kearney 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.

FILED
 2018 NOV 26 AM 8:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Travis JohnsonAddress: 9350 S 150 E, Suite 220Sandy, UT 84070Director: Kent MadsenAddress: 9350 S 150 E, Suite 220Sandy, UT 84070**B. OFFICERS SEE ATTACHMENT**

President: _____

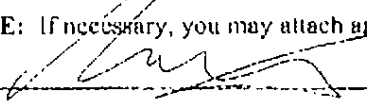
Address: _____

Vice President: _____

Address: _____

Secretary: Ryan WestwoodAddress: 9350 S 150 E, Suite 220, Sandy, UT 84070Treasurer: Paul FletcherAddress: 9350 S 150 E, Suite 220, Sandy, UT 84070

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. Isaac Westwood, President

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

FILED
2018 NOV 26 AM 8:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- | | | |
|---|-------------------|-------------------------|
| 1 | Full Name: | Ryan Westwood |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Chief Executive Officer |
| | Director's Title: | Director |
| | Business Address: | 9350 S 150 E, STE 220 |
| | City: | SANDY |
| | State: | UT |
| | ZIP Code: | 84070 |
| 2 | Full Name: | Isaac Westwood |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Chief Operating Officer |
| | Director's Title: | Director |
| | Business Address: | 9350 S 150 E, Suite 220 |
| | City: | Sandy |
| | State: | UT |
| | ZIP Code: | 84070 |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OUTBOX SYSTEMS, 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-FIRST DAY OF NOVEMBER, 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 "OUTBOX SYSTEMS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2014.

FILED
2018 NOV 26 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5602659 8300

SR# 20187759397

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203947417

Date: 11-21-18