

F19000000223

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

SECRETARY OF STATE
PAUL A. HASTON, III

19 JAN 11 AM 9:07

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Finxact, Inc.

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

2019 JAN 11 PM 1:05

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Electronic Filing Menu Corporate Filing Menu Help

1-14-19

PLEASE HONOR ORIGINAL DATE 12-28-18 - RESUBMITTING AS IS, 120 DAY PERIOD PROTECTING NAME SHOULD BE OVER



January 2, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: FINXACT, INC.
REF: W19000000171

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Lee Yarbrough
Senior Section Administrator

FAX Aud. #: H18000366513
Letter Number: 819A00000045

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. Finxact, 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. (FEI number, if applicable)

4. December 18, 2018

(Date of incorporation)

5. (Date of duration, if other than perpetual)

6. December 18, 2018

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

7. 1301 Riverplace Blvd., Suite 2501, Jacksonville, FL 32207

(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

(City)

, Florida 33324

(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

By: CHRIS RICKARD, 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: PLEASE SEE ADDENDUM I FOR LIST OF DIRECTORS

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PLEASE SEE ADDENDUM I FOR LIST OF OFFICERS

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Francis R. Sanchez, Chief Executive Officer

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

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TALLAHASSEE, FLORIDA

**ADDENDUM 1 TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

DIRECTORS OF FINXACT, INC.

1. **Name:** Francis R. Sanchez
Address:
c/o Finxact, Inc.
1301 Riverplace Drive, Suite 2501
Jacksonville, FL 32207
2. **Name:** Michael Sanchez
Address:
c/o Finxact, Inc.
1301 Riverplace Drive, Suite 2501
Jacksonville, FL 32207
3. **Name:** Christopher Foskett
Address:
c/o Finxact, Inc.
1301 Riverplace Drive, Suite 2501
Jacksonville, FL 32207
4. **Name:** Arkadi Kuhlmann
Address:
c/o Finxact, Inc.
1301 Riverplace Drive, Suite 2501
Jacksonville, FL 32207

OFFICERS OF FINXACT, INC.

1. **Name:** Francis R. Sanchez
Title: Chairman, Chief Executive Officer
Address:
c/o Finxact, Inc.
1301 Riverplace Drive, Suite 2501
Jacksonville, FL 32207
2. **Name:** Michael Sanchez
Title: President
Address:
c/o Finxact, Inc.
1301 Riverplace Drive, Suite 2501
Jacksonville, FL 32207

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FINXACT, 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-EIGHTH DAY OF DECEMBER, A.D. 2018.

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



6128074 8300

SR# 20188415525

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

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

Authentication: 204196006

Date: 12-28-18