

Division of Corporations Electronic Filing Cover Sheet

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(((H18000366513 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Finxact, Inc.

Certificate of Status	0
Certified Copy	1
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PLEASE HONOR ORIGINAL DATE 12-28-18 - RESUBMITTING AS IS, 120 DAY PERIOD PROTECTING NAME SHOULD BE OVER

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: W1900000171

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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 FAX Aud. #: H18000366513 Senior Section Administrator 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.

(If name unava	ilable in Florida, enter alternate corporate name ac	opted for the purpose of transacting business in	Florida)
2	3		
December 18,		(FEI number, if applicable)	
(Dar 6. December 18,	e of incorporation) 5	(Date of duration, if other than perpetua	ai)
, 1301 Riverplace	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Blvd., Suite 2501, Jacksonville, FL 32207	lorida, if prior to registration) 2, F.S., to determine penalty liability)	
	·	office address)	
	(Current mailing	address, if different)	19 19 110
. Name and <u>stre</u> Name:	(Current mailing of the component of the		SECRETARY
Name:	et address of Florida registered agent: (P.O. I		JAN I I AH
	et address of Florida registered agent: (P.O. I C T Corporation System 1200 South Pine Island Road Plantation	Box NOT acceptable)	JAN III I
Name:	C T Corporation System 1200 South Pine Island Road		JAN I I AH
Name: Office Address: Registered age faving been names ignated in this orther agree to contact the second	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes relations.	Box NOT acceptable) , Florida 33324, Florida (Zip code) of process for the above stated corporation that as registered agent and agree to act in the time to the acceptable.	JAN I I AH 20 07 Caf TABY OF STATE LAHASSEF F OF OPED A rathe place
Name: Office Address: Registered age laving been namesignated in this	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: end as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable) , Florida 33324, Cip code) of process for the above stated corporation at as registered agent and agree to act in the live to the proper and complete performancy position as registered agent.	JAN I I AH 20 07 Caf TABY OF STATE LAHASSEF F OF OPED A rathe place

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 Chairman: PLEASE SEE ADDENDUM 1 FOR LIST OF DIRECTORS Address: ___ Vice Chairman: Address: Director: Address: _____ Director: Address: **B. OFFICERS** President: PLEASE SEE ADDENDUM 1 FOR LIST OF OFFICERS Address: 9 Vice President: Address: _____ Secretary: Treasurer: Address: ____ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 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.

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

13. Francis R. Sanchez, Chief Executive Officer

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

Jackonville, FL 32207

2. Name: Michael Sanchez

Address:

c/o Finxact, Inc.

1301 Riverplace Drive, Suite 2501

Jackonville, FL 32207

3. Name: Christopher Foskett

Address:

c/o Finxact, Inc.

1301 Riverplace Drive, Suite 2501

Jackonville, FL 32207

4. Name: Arkadi Kuhlmann

Address:

c/o Finxact, Inc.

1301 Riverplace Drive, Suite 2501

Jackonville, 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

Jackonville, FL 32207

2. Name: Michael Sanchez

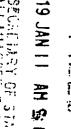
Title: President

Address:

c/o Finxact, Inc.

1301 Riverplace Drive, Suite 2501

Jackonville, FL 32207



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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.

Authentication: 204196006

Date: 12-28-18