F18000000312

(Requestor's Name)					
(Address)					
(144.555)					
(Address)					
(City/State/Zip/Phone #)					
(==,===================================					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Constitution of the com-					
Special Instructions to Filing Officer:					
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2019 JAN 17 PH 4: 29
SECRETARY OF STATE

APPROVED AND FILED



COVER LETTER

	tration Sec ion of Corp					
SUBJECT:	Leap Servi	ces, Inc.				
Someti		Name of	corporation	- must include suffi	X	
Dear Sir or M	adam:					
"Certificate of	f Existence	on by Foreign Cor ," or "Certificate of corporation to tra	of Good Stan	ding" and check are	insact Business in Florida," submitted to register the	
Please return a	all correspo	ondence concernin	g this matter	to the following:		
Clare Donohue	:					
			Name of 1	erson		
Ice Miller LLP	1					
	_		Firm/Com	pany		
One American	Square, Sui	te 2900				
		-	Addre	ess —		
Indianapolis IN	J 46268					
			City/State a	nd Zip code		
clare.donohue(@icemiller.c					
		E-mail address:	(to be used f	or future annual rep	ort notification)	
For further in	formation o	concerning this ma	atter, please o	all:		
Clare Donohue						
Name	e of Person		Area Cod	Daytime To	elephone 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 ■ \$70.00 Fil		he following among \$78.75 Filing Certificate of	Fee &	\$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.

Leap Services.	Inc.				
(Enter name of	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"		
Leap Retail, In	c.				
(If name unavai	lable in Florida, enter alternate corporate name a	adopted for the purpose of transact	ing business in Florida)		
Delaware 2.	3.	82-5482221			
	try under the law of which it is incorporated)	(FEI number, if a	applicable)		
5/7/2018 4.					
(Dat	te of incorporation)	(Date of duration, if other than perpetual)			
6. 12/5/2018					
	(Date first transacted business ir (SEE SECTIONS 607.1501 & 607.15 #115, Chicago, IL 60611	n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)		
7		oal office address)			
	(1 mes _t	an office address;			
	(Current mailir	ng address, if different)			
	·	•	DI9 SEC		
8. Name and stre	eet address of Florida registered agent: (P.C	D. Box NOT acceptable)	AP AHH		
Name:	C T Corporation System		ANI FILE FILE ANI ANI ANI ANI ANI ANI ANI ANI ANI ANI		
Office Address:	1200 South Pine Island Road		APPROVED AND FILED 2019 JAN 17 PH 4: 29 SECRETARY OF STATE FALLAHASSEE, FLORID		
	Plantation	, Florida	FATE ORID		
	(City)	(Zip code)	>···· W		
Having been nad designated in the	gent's acceptance: med as registered agent and to accept servi is application, I hereby accept the appoints	ment as registered agent and ag	gree to act in this capacity. I		
further agree to	comply with the provisions of all statutes i familiar with and accept the obligations o	relative to the proper and comp of my position as registered age	olete performance of my		
auties, una 1 am	C T Corporation S		<i></i>		
	in of	•			
Ву	: Mich	ael E. Jones, Asst. Secy.			
	(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Vice Chairman: Jared Golden Director: 207 E. Ohio St. #115, Chicago, IL 60611 Amish Tolia Director: 207 E. Ohio St. #115, Chicago, IL 60611 Address: **B. OFFICERS** President: Jared Golden Address: 207 E. Ohio St. #115, Chicago, IL 60611 Vice President: Address: ___ Amish Tolia Secretary: 207 E. Ohio St. #115, Chicago, IL 60611 Address: Jared Golden Treasurer: 207 E. Ohio St. #115, Chicago, IL 60611 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Digitally signed by Level Golden.

DN construct Golden on teap 12. Jared Golden Services Inc. ou.

Date: 2018 12:03 12:01 22:-06:00 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. Jared Golden, President

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEAP SERVICES, 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 THIRD DAY OF DECEMBER, A.D. 2018.

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

Authentication: 204012545

Date: 12-03-18