09/10/2019 16:34 Delaney Corporate Services

Division of Corporations

(FAX)518 465 7883

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TO:

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

From:

: DELANEY CORPORATE SERVICES Account Name Account Number : I20140000112 : (800)717-2810 Phone : (518)465-7883 Fax Number

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

01 C COM Email Address 15 2019 SEP 10 FOREIGN PROFIT/NONPROFIT CORPORATION 2019 SEP 10 **LATELIER SERVICES CORP.** 1 Ę Certificate of Status 0 1 Certified Copy AH 10: 03 Page Count \$78.75 Estimated Charge, BKINSET INS *-*⊷ င်္သ ယ

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Intelier Services Corp.

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

Delaware	3	·		
State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
8/03/2016	5			
(Date	of incorporation)	(Date of duration, if other the	(Date of duration, if other than perpetual)	
pon filing of th	s application			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
0 Fifth Avenue	, 41st Floor, New York, NY 10118			
	(Princ	ipal office address)		
			2019	
	(Current mail	ling address, if different)	2019 SEP	
lame and stree	address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	10	
Name:	NRAI Services, Inc.		A	
ce Address:	1200 South Pine island Road		AH 10: 33	
CC AU1033.	Plantation,	 33324 . Florida	ມີ - ເບັ ເບ	
	(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.

Maller (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

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350 Fifth Avenue, 41st Floor, New York, NY 10118				
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TOERS Tor Wysian Petersen				
350 Fifth Avenue, 41st Ploor, New York, NY 10118				
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		• 60 een endlog die	ectore	
If becessary were may attach an add ndum to the applicat	ion listing additional		cewia.	

The officer or director signing this document (and who is listed in number 11 above) aritims that the facts stated in refer 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. _____

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LATELIER SERVICES CORP." 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 TENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LATELIER SERVICES CORP." WAS INCORPORATED ON THE THIRD DAY OF AUGUST, A.D. 2016.

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



Authentication: 203557105 Date: 09-10-19

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