10/17/2019

Division of Corporations

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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

**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 CONSTELLATION SMARTZIP SOLUTIONS INC.

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OCT 18 2019

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.

Enter name of co	rporation; must include "INC	ORPORATED."	"COMPANY."	"CORPORAT	ION,"	
	лр," "Inc," "Со," or "Солр.")				· .	•
	·			•		
If name unavaila	ble in Florida, enter alternate	corporate name :	adopted for the p	urpose of transa	cting business in	Florida)
Delaware			84-2465802			
(State or country	under the law of which it is i	incomorated)		(FEI number, i	fapplicable)	
07/11/2019		,				. ,
		5.	(D-1-	Cd if a	ther than perpetu	n13
(Date	of incorporation)		(Date o	or animation, it a	iner inan perpetu	ai) .
					~ <i></i>	
	(Date first trans	sacted business in	Florida, if prior	to registration)	-killing	
	(SEE SECTIONS 60				aomity)	,
1350 MCCORM	ICK ROAD, PLAZA 3, SUIT					
,	• .	(Princip	al office address	··.	• . •	
. • :	•	•	•		٠.	1
		(Current mailir	ng address, if diff	erent)		
	·		-			
Manan and strong	t address of Florida registe	red ment: ID () Hoy NOT ac	centable)		
44116 9110 <u>21100</u>	C T Corporation System	Tea about (1.0	DOX <u>1501 u</u> c			- 17
Name:	C i Corporation System					
	1200 South Pine Island Re	ad				(2)
ice Address:		ego paparagent (4 Grennistical State of the	· ·			, c <u>a</u>
• •	Plantation,		, Florida	33324		
	(City)		,	(Zip code)		
	, ` .,		•	-		•
legistered age	nt's acceptance:					
dug been nam	ed as registered agent and application, I hereby acce	to accept servi	ice of process for	or the above s and amount and	iuica corporan 'novee to net iv	on as inc
ign ated in this There agrees to a	application, I nevely acce imply with the provisions	pi ine uppointi of all statutes :	relative to the n	ra agem and roner and cot	nplete perform	ance of n
ies, and I am fi	amiliar with and accept th	e obligations o	f my position a	s registered a	gent.	
	•					
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Corporation Syste	··· Jame	s M. Hal	lpin	
. Bv	Ja-mil	J)	Assist	ant Secret	ary	:
- 7,	A	700000	agent's signature			• .
	11)		

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	,
A. DIRECTORS	
Chairman:	 :
Address:	
Vice Chairman:	 ;
Address:	
Director: Bonnie: Wilhelm	
Address:	
Director:	
Address: 11350 McCormick Road, Executive Plaza 3, Suite 200, Hunt Valley, MD 21031	29
	<u> </u>
B. OFFICERS	
President:	
Address: 11350 McCormick Road, Executive Plaza 3, Suite 200, Hunt Valley, MD 21031	
	(D)
Vice President:	
Address:	
Bonnie Wilhelm	. <u></u>
Secretary: 11350 McCormick Road, Executive Plaza 3, Suite 200, Hunt Valley, MD	
Address:Bonnie Wilhelm	
Treasurer: 11350 McCormick Road, Executive Plaza 3, Suite 200, Hunt Valley, MD	···
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts is	

are true and that he or she is aware that false information submitted in a document to the Department of State constitut a third degree felony as provided for in s.817.155, F.S.

Bonnie Wilhelm, Director, Secretary and Treasurer

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

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CONSTELLATION SMARTZIP SOLUTIONS 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 THIRTY-FIRST DAY OF JULY,

A.D. 2019.

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

WISCOT 17 CT 1:09

7510974 8300 SR# 20196263502



Authentication: 20332506

Date: 07-31-1