# F19000004734

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Cassial Instructions to Cilian Officer					
Special Instructions to Filing Officer:					

Office Use Only



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### **COVER LETTER**

TO:	O: Registration Section Division of Corporations				
	Code RE Partners, Inc.				
SUBJ	JECT:				
	Name o	of corporation	n - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good St	anding'	and check are sub	
	return all correspondence concerni J. Chmielarski, Esq.	ng this matt	er to th	e following:	
		Name o	f Perso	n	
Green.	spoon Marder LLP				
	<del></del>	Firm/Co	mpany		
201 E.	Pine Street, Suite 500				
		Add	ress		
Orland	do. FL 32801	7140	11033		
		City/State	and Zi	o code	
jessica	i.douglas@gmlaw.com				
	E-mail address	: (to be used	l for fut	ure annual report n	otification)
For fu	rther information concerning this m	atter, please	call:		
Mark J. Chmielarski		407	407 692-9108		
	Name of Person			Daytime Telepl	none 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	
Enclos	sed is a check for the following amo	unt:			
□ \$7°	0.00 Filing Fee \$78.75 Filing Certificate o			.75 Filing Fee & tified 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.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
Utah		adopted for the purpose of transacting business in Florida) 82-1452988			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)  8  5			
(Date of incorporation)		(Date of duration, if other than perpetual)			
	ane, New Canaan, CT 06840 (Princi	pal office address)			
	(Current maili	ng address, if different)			
Name and stree	et address of Florida registered agent: (P.) Mark J. Chmielarski, Esq.	D. Box NOT acceptable)			
ffice Address:	201 E. Pine Street, Suite 500				
	Orlando	32801 Florida			
	(City)	(Zip code)			
aving been names esignated in this erther agree to co	application, I hereby accept the appoint	ice of process for the above stated corporation at the pla nent as registered agent and agree to act in this capacity relative to the proper and complete performance of my f my position as registered agent.			
_	(D. '.,	agent's signature)			

<sup>10.</sup> 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; Address: Vice Chairman: \_\_\_\_\_ Address: Director: \_ Address: Director: Address: \_\_\_ **B. OFFICERS** Jared Remington President: 131 Soundview Lane Address: New Canaan, CT 06840 Vice President: Address: \_ Secretary: \_\_ Address: \_\_\_ Treasurer: \_\_ Address: \_ NOTE: If necessary, your 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

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

a third degree felony as provided for in s.817.155, F.S.

Jared Remington, as President

13.



#### **Utah Department of Commerce**

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438 Web Site: http://www.commerce.utah.gov

> 07/25/2019 10337664-014207252019-2721500

## **CERTIFICATE OF EXISTENCE**

**Registration Number:** 10337664-0142

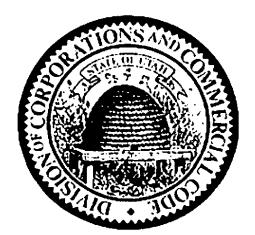
Business Name: CODE RE PARTNERS, INC.

Registered Date: May 05, 2017

Entity Type: Corporation - Domestic - Profit

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Som Stryw

Jason Sterzer
Director
Division of Corporations and Commercial Code