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(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

ņ,

TO:	Registration Se Division of Cor					
cub i	TRIPLEF	LAY SERVICES N	ORTH AMERI	ICA INC.		
SUBJ	EC1:	Name (of corporation	- must include suffix		
Dear S	ir or Madam:					
"Certif	icate of Existenc		of Good Stan	Authorization to Transa ding" and check are sub ss in Florida.		
	return all corresp HARRIS	oondence concerni	ng this matter	to the following:		
			Name of I	Person	·	
TRIPL	EPLAY SERVICE	ES NORTH AMERIC	CA INC.			
-			Firm/Com	pany		
1320 N	ORTH SEMORA	N BLVD, SUITE 10	5			
			Addre	ess		2019
ORLA	NDO. FLORIDA :	32807				3 8
		-	City/State ar	nd Zip code	2-13 2-13	
paul.ha	ırris@tripleplay.tv		-	·		9
		E-mail address	: (to be used f	or future annual report	notification) =	
For fur	rther information	concerning this m	atter, please c	all:		4:21
PAUL HARRIS			888	636-3348	·	
	Name of Perso		at (Area Code	e Daytime Telep	hone Number	_
	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g : Center Circle	S:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclos	ed is a check for	the following amo	ount:			
= \$70).00 Filing Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filin Certificate Certified C	of Status &

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.

1.	SERVICES NORTH AMERICA INC. orporation; must include "INCORPORATED," "CO	OMPANY." "CORPORATION."	
	orp," "Inc," "Co," or "Corp.")	January Com Charles	
DELAWADE	able in Florida, enter alternate corporate name adopt	797784	
07/21/2011	y under the law of which it is incorporated) 5.		
(Date JANUARY 2, 2		(Date of duration, if other than perpetual)	
•	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, I MORAN BLVD, SUITE 105 ORLANDO FLORID	F.S., to determine penalty liability))
7	MORAN BLVD, SUITE 105 ORLANDO FLORIE (Principal of	fice address)	
	(Current mailing ad-	dress, if different)	S 22
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Bo PAUL HARRIS	ox <u>NOT</u> acceptable)	
Office Address:	1320 NORTH SEMORAN BLVD, SUITE 105	-	70
	ORLANDO	32807 . Florida	F F
	(City)	(Zip code)	
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment comply with the provisions of all statutes relate familiar with and accept the obligations of my	as registered agent and agree ive to the proper and complete	to act in this capacity.
_	Bla- (Registered agent	's simustura)	_

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. DIRE	ECTORS STEVEN RICKLESS			
	14 LETCHMORE ROAD			
	RADLETT, FF WD78HT GBR			
Vice Chai	PAUL HARRIS			
	1320 NORTH SEMORAN BLVD. SUITE 105			
	ORLANDO, FLORIDA 32807			
Director:				
Director:				
Address:	<u> </u>			
			_	
B. OFF	ICERS	¥7	2813	
President:	STEVEN RICKLESS	·. ··		# - 17 m - 7
	14 LETCHMORE ROAD	· ·	<u> </u>	#1#35##A
	RADLETT, FF WD78HT GBR	<u> </u>	<u>م</u>	9 8 8 9
Vice Pres	PAUL HARRIS ident:		=	****
	1320 NORTH SEMORAN BLVD, SUITE 105		<u>~</u>	
	ORLANDO, FLORIDA 32807			
Secretary:	PAUL HARRIS			_
Address:	1320 NORTH SEMORAN BLVD, SUITE 105, ORLANDO, FLORIDA 32807			
Treasurer	STEVEN RICKLESS			_
Address:	14 LETCHMORE ROAD, RADLETT, FF WD78HT GBR			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	l/or dired	itors.	
are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155. F.S.	ne facts s	tated l	nerein stitutes

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TRIPLEPLAY SERVICES NORTH AMERICA

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 TWENTIETH DAY OF

SEPTEMBER, A.D. 2019.



Authentication: 203637390

Date: 09-20-19