

F19000004890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

855
643

Office Use Only



000335477120

10/18/19--01021--013 **70.00

FILED
2019 OCT 28 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT
OCT 29 2019

✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAST TECHNOLOGY SERVICES, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
INCOME TAX DEPARTMENT

Name of Person

L BRANDS INC.

Firm/Company

3 LIMITED PARKWAY

Address

COLUMBUS, OH 43230

City/State and Zip code

INCOMETAXCOMPLIANCE@LB.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX BIANCHI

at (614) 415-2128

Name of Person

Area Code

Daytime Telephone 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 check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
2019 OCT 28 PM 3:07
TALLAHASSEE, FLORIDA
STATE

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.

MAST TECHNOLOGY SERVICES, INC.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 31-1656776
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/6/1999 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3 LIMITED PARKWAY, COLUMBUS, OH 43230
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T CORPORATION SYSTEM

Office Address: 1200 S PINE ISLAND ROAD

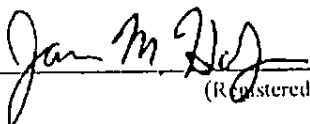
PLANTATION, Florida 33324
(City) (Zip code)

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.

C T Corporation System

James M. Halpin
Assistant Secretary


(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: STUART BURGDOERFER ✓

Address: 3 LIMITED PARKWAY

COLUMBUS, OH 43230

Director: SHELLY B MILANO ✓

Address: 3 LIMITED PARKWAY

COLUMBUS, OH 43230

FILED
2019 OCT 28 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: STUART BURGDOERFER ✓

Address: 3 LIMITED PARKWAY

COLUMBUS, OH 43230

Vice President: TODD G HELVIE ✓

Address: 3 LIMITED PARKWAY

COLUMBUS, OH 43230

Secretary: SHELLY B MILANO ✓

Address: 3 LIMITED PARKWAY, COLUMBUS, OH 43230

Treasurer: TIMOTHY J FABER ✓

Address: 3 LIMITED PARKWAY, COLUMBUS, OH 43230

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. [Signature]

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. TODD G HELVIE, SVP

(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 "MAST TECHNOLOGY 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 NINETEENTH DAY OF JULY, 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 "MAST TECHNOLOGY SERVICES, INC." WAS INCORPORATED ON THE SIXTH DAY OF JULY, A.D. 1999.



3056543 8300

SR# 20196041614

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203250472

Date: 07-19-19