

OCT 30 2019

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TALLAHASSEE, FLORIDA

**CORPORATE  
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INC.**

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**FILING**

**FOREIGN CORP**

1. **SPACEMAKER SYSTEM INC.**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. SPACEMAKER SYSTEMS INC.

(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. NEW JERSEY

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 08/01/2008

(Date of incorporation)

5. \_\_\_\_\_  
(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. 6604 KINGSPONTE PARKWAY, ORLANDO, FLORIDA 32819

(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: TRAC - THE REGISTERED AGENT  
COMPANY

Office Address:

236 E 6TH AVENUE

TALLAHASSEE

(City)

32303

(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.*



By: Kelli Puller, Vice President

(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: RON ASTRUP ✓  
Address: 6604 KINGSPONTE PARKWAY  
ORLANDO , FL 32819

Vice Chairman: ROSS ASTRUP ✓  
Address: 6604 KINGSPONTE PARKWAY  
ORLANDO , FL 32819

Director: GARY ASTRUP ✓  
Address: 6604 KINGSPONTE PARKWAY  
ORLANDO , FL 32819

Director: THEUNS PRETORIUS ✓  
Address: 6604 KINGSPONTE PARKWAY  
ORLANDO , FL 32819

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**B. OFFICERS**

President: ROSS ASTRUP ✓  
Address: 6604 KINGSPONTE PARKWAY  
ORLANDO , FL 32819

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: RON ASTRUP ✓  
Address: 6604 KINGSPONTE PARKWAY, ORLANDO , FL 32819

Treasurer: GARY ASTRUP ✓  
Address: 6604 KINGSPONTE PARKWAY, ORLANDO , FL 32819

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

12.  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. ROSS ASTRUP, PRESIDENT  
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

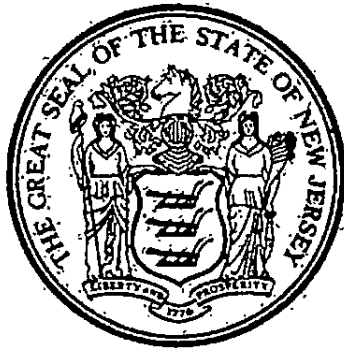
**SPACEMAKER SYSTEMS INC.**  
0100994580

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 01, 2008.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2018-2019*

*I further certify that the registered agent and office are:*

TRAC - THE REGISTERED AGENT COMPANY  
14 SCENIC DRIVE  
DAYTON, NJ 08810



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
25th day of October, 2019*

*Elizabeth Maher Muoio  
State Treasurer*

Certificate Number : 6101852859

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)