## F19000005464

<del></del>	(Re	questor's Name)	
	(Add	dress)	
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	(Cit	y/State/Zip/Phone	e #)
F	PICK-UP	MAIT	MAIL
-	(Bu:	siness Entity Nar	me)
	(Do	cument Number)	
Certified Copi	es	_ Certificates	s of Status
Special Insti	ructions to l	Filing Officer:	
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i I		Office Use On	lv



400323906074

SECRETARY OF THE COLUMN

2018 DEC 10 PH12: 0

FILED

K. SALY DEC 1 1 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 095661 7551041

AUTHORIZATION

COST LIMIT : U\$\87.50

ORDER DATE: December 10, 2019

ORDER TIME : 3:03 PM

ORDER NO. : 095661-005

CUSTOMER NO: 7551041

## FOREIGN FILINGS

NAME: 1HUDDLE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

## **COVER LETTER**

TO:	Registration Section				
	Division of Corporate 1Huddle, Inc.	ions			
SUBJ	IECT:				
,		Name of corporati	on ·	- must include suffix	<del> </del>
Dear S	Sir or Madam:				
"Certi	ficate of Existence," o	y Foreign Corporation for "Certificate of Good Siporation to transact busing the contract of t	tanc	ling" and check are sub-	
Please Sam C	return all corresponde aucci	nce concerning this mat	ter :	to the following:	
Hudo	lle, Inc.	Name o	of P	erson	
1 Was	hington Street, 7th Floor	Firm/Co	əmp	any	
Newar	k, NJ 07012	Ad	dres	es	
scauce	i@1huddle.co	City/State	an	d Zip code	
	E	mail address: (to be use	d fo	or future annual report n	otification)
For fu	rther information conc	erning this matter, pleas	e ca	ıll:	
Max C	Cantor	212		878-1421	
	Name of Person	at ( Area Co	ode	Daytime Teleph	ione Number
	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclos	sed is a check for the fo	ollowing amount:			
□ \$ <sup>†</sup> (	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	۵	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1Huddle, Inc.	REIGN CORPORATION TO TRANSACT BY		
"Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION."	
(If name unavaila Delaware) 2.	able in Florida, enter alternate corporate name ad		,
(State or countr October 19, 201 4.	5 5	(FEI number, if appl	icable)
(Date of incorporation)		(Date of duration, if other th	an perpetual)
6 1 Washington Str	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150 cet, 7th Floor; Newark, NJ 07012		· 
	·	address, if different)	T CARRY
8. Name and stree Name:	et address of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)	O PHIZ: 05
Office Address:	1201 Hays Street		50 06 08007
1	Tallahassee (City)	. Florida Zip code)	
designated in this further agree to co		e of process for the above stated ent as registered agent and agree lative to the proper and complete	e to act in this capacity. I

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. Name	nesland business addresses of officers and/or directors:	FILED DEC 10 PHIZE 08
A. DIRE	ECTORS	LED
Chairman:	Sam Caucci c 2019	DEC ID DO
. 11	1 Washington Street, 7th Floor	E 13.
Address	Newark, NJ 07012	HASSET, FINOUS
_		(CV/D)
Vice Chair	irman:	
Address: _		
_	Nizar Allibhoy	
	4170 Ashford Dunwoody Road, Suite 390	
Address: _	Atlanta, GA 30319	
	Chip Meakem	
Director:	99 Hudson Street, 15th Floor	
	New York, NY 10013	
	New York, NY 10013	-
B. OFFI		
	Sam Caucci	
President:	1 Washington Street. 7th Floor	
	Newark, NJ 07012	<del></del>
-		
Vice Presid	ident:	
Address:		
-	Sam Caucci	
Secretary:	Washington Street, 7th Floor, Newark, NJ 07012	
Address: _		
Treasurer:		
Address: _		
	denotessary, you may attach an addendum to the application listing additional officers an	
) Sau	um (aucci	wor uncelors.
<u>~—— C</u> @F	Signature of Director or Officer	
The office	er or director signing this document (and who is listed in number 11 above) affirms that t	he facts stated herein
a third deg	and that he or she is aware that false information submitted in a document to the Department for the partment of the Department for in s.817.155, F.S.	ent of State constitutes
Sam (	Caucci	
	(Typed or printed name and capacity of person signing application)	



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

DELAWARE, DO HEREBY CERTIFY "1HUDDLE, 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 TENTH DAY OF DECEMBER, 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 "1HUDDLE, INC."

WAS INCORPORATED ON THE FIFTEENTH DAY OF JUNE, A.D. 2015.

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

TILEU
2019 DEC 10 PA 12: Of



Authentication: 204177702

Date: 12-10-19