# Fa000000369

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 1/22/2020

**PRIORITY** Routine

OUR REF # (Order ID#) 799269

ORDER ENTITY \_ SMARTWEATHER, INC.

## PLEASE PERFORM THE FOLLOWING SERVICES: SMARTWEATHER, INC. (FL)

File the attached foreign qualification document

#### NOTES:

Up to \$870.00 Authorized

Email address for annual report reminders: radiv@incserv.com

#### RETURN/FORWARDING INSTRUCTIONS:

**ACCOUNT NUMBER: I20050000052** 

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, January 22, 2020 Page 1 of 1

### 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.

SmartWeather,	Inc.				
	orporation: must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORAT	"ION."		
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transa	acting business in Florida)		
Delaware	3.	83-2988482			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
12/26/2018 4.	5.				
(Date of incorporation)		(Date of duration, if other than perpetual)			
01/01/2019 6.					
·	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty li			
7 1 Aerospace Blv	d., MicaPlex Suite 220-J, Daytona Beach	, FL 32114	7- 22		
(Principal office street address)			20 JAN		
	(Current mailin	ng address, if different)	22		
8. Name and stree	et address of Florida registered agent: (P.G	O. Box NOT acceptable)	> i		
Name:	Incorporating Services, Ltd.		ූ දුර ක		
Office Address:	1540 Glenway Drive	540 Glenway Drive			
	Tallahassee	. Florida 32301			
	(City)	(Zip code)	-		

9. Registered agent's acceptance:

Having been named us 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.

(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.

A. DIRECTORS					
<b>■</b> Chairman	Daniel Lyons Name:	□Chairm <b>an</b>	David St John Name:		
☐ Vice Chairman	Address:	□Vice Chairman	Address: 4516	Address: 4516 Saxon Dr	
Director	Scotts Valley, CA 95066	Director	New Smyrna Beach, FL 32169		
President		□President			
□Vice President	<u></u>	□ Vice President			
Secretary	Treasurer	☐ Secretary		□Treasurer	
CEO	[]Other	□Other		□Other	
□Chairman □Vice Chairman ■Director	Phil Atkinson Name:  422 Sugar Rd Address: Bolton, MA 01740	□Chairman □Vice Chairman □Director	Address:		
□President		□President			
□Vice President		□Vice President		<del></del> -	
□ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
□Chairman	Name:	□ Chairm <b>an</b>	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	Treasurer	☐ Secretary		□Treasurer	
□Other	Other	Other		□Other	
The officer or dire she is aware that f s.817.155, F.S.	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departn Signature of Director ector signing this document (and who is listed in numbalse information submitted in a document to the Departners, President	nent of State Annual R r or Officer ber 11 above) affirms t	eport form.	ed herein are true and that he or	

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SMARTWEATHER, 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 TWENTY-SECOND DAY OF JANUARY, A.D.
2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMARTWEATHER, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2018.

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

Authentication: 202232014

Date: 01-22-20