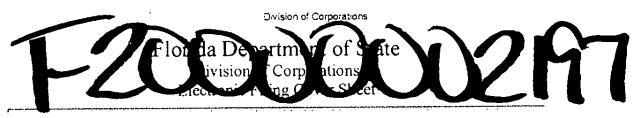
5/12/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000140176 3)))



H200001401763ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCUMERA LLC

Account Number : I20090000079 : (518)937-9117 Phone

: (518)937-9128 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

info@accumera.com Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Wireless Match Experts, Inc.

المتكنية فيها والمتحاولة فتحصص فالمتحاولة والمساورة والمتحاولة	
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$720.00

T GLASS

MAY 1 3 2020

Electronic Filing Menu

Corporate Filing Menu

T GUNERB

MAY 1 3 2020

(((H20000140176 3)))

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Wireless Match Experts, Inc.			
SUBJECT		corporation - 1	nust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp of Existence," or "Certificate of need foreign corporation to tran	Good Standii	thorization to Transact Business in Floring" and check are submitted to register in Florida.	rida,'' the
Please return	all correspondence concerning	this matter to	the following:	
Nicole Murray	ÿ			
		Name of Pe	rson	
Accumera LL	С			
		Firm/Compa	ny	
911 Central Ave., #101				<u>~``</u>
Address				C. /
Albany, NY 1	2206			<u> </u>
<u></u>		City/State and	Zip code	-2
info@accume	ra.com			
	E-mail address:	(to be used for	future annual report notification)	1 1 1.
For further information concerning this matter, please call:				00:
Nicole Murra	y	518	937-9117	
Nar	me of Person	Area Code) Daytime Telephone Number	
Reg Divi The 2411	REET/COURIER ADDRESS istration Section sistemation of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is Please make a \$70.00 F	a check for the following amount check payable to: FLORIDA DE iling Fee	Fee &	\$78.75 Filing Fee & U \$87.50 Fili	of Status

p.5

(((H20000140176 3)))

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.

aware ate or country under the law of which it is incorporated) (FEI number, if applied from the properties) (Date of incorporation) (Date of duration, if other than dependent of the properties of the prope	
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) S. Orange Ave., Suite 1220, Orlando, FL 32801	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Orange Ave., Suite 1220, Orlando, Fl. 32801	perpetual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Orange Ave., Suite 1220, Orlando, Fl. 32801	perpetual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) S. Orange Ave., Suite 1220, Orlando, FL 32801	<u> </u>
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) S. Orange Ave., Suite 1220, Orlando, FL 32801	
S. Orange Ave., Suite 1220, Orlando, FL 32801 (Principal office street address)	
(Current mailing address, if different)	
me and street address of Florida registered agent: (P.O. Box NOT acceptable)	; ;
Name:	
121 S. Orange Ave. Suite 1220	·
Address:	
Orlando Florida 32801 (City) (Zip code)	
(City) (Zip code)	00 :h
	\Rightarrow
gistered agent's acceptance:	
gistered agent's acceptance: g been numed as registered agent and to accept service of process for the above stated co acted in this application, I hereby accept the appointment as registered agent and agree t	rporation at the

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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

From: 5189379128

(((H20000140176 3)))

A. DIRECTORS	A			
□ Chairman	Name:	□Chairman N	Інте:	
□Vice Chairman	Address: 121 S. Orange Ave., Suite 1220	□Vice Chairman	Address:	
□Director	Orlando, FL 32801	□Director		
☐President		□President	,	
□Vice President		□Vice President		
☐Secretary	□Тгсазшет	☐Secretary		Treasurer
Other	Other	□Other		□Other
□ Chairman	Name:	□Chairman 1	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□ Director		
□President		□President .		
□Vice President		□Vice President		
Secretary	☐Treasurer	☐ Secretary		☐ Treasurer
Other	□Other	□Other		Other
				2019
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address.	۸.
□Director		□Director	· ··-	
□President		□President		
□ Vice President		□Vice President		
Secretary	()Treasurer	☐ Secretary		☐ Treasurer
□Other	Other	Other		Other
Important Notice individuals may b	Use an attachment to report more than six (6). The able added to the index when filing your Florida Depart	itischment will be imaged ment of State Annual Re	l for reporting port form.	purposes only. Non-indexed
12. <u>// /</u>	Signature of Director	or or Officer	, <u>, , , , , , , , , , , , , , , , , , </u>	
The officer or dir she is aware that s.817.155, F.S. Amir Zanja	rector signing this document (and who is listed in nun false information submitted in a document to the Dep	nber 11 above) affirms the partment of State constitu	at the facts stat tes a third degr	ed herein are true and that he or
1-1	(Typed or printed name and capacity of p	erson signing application	<u> </u>	

(((H20000140176 3)))

Delaware The First State

Page 1

From: 5189379128

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

DELAWARE, DO HEREBY CERTIFY "WIRELESS MATCH EXPERTS, 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 ELEVENTH DAY OF MAY, 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 "WIRELESS MATCH EXPERTS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

0.1.3

7407629 8300

SR# 20203698061

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

. 1

Authentication: 202907341

Date: 05-11-20