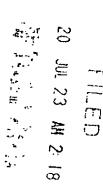
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(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: 7/27 Recurved Corrected Paperwork				
7/28 WC				

Office Use Only



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2020 JUL 23 PH 12: 48

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 · 7/23/2020

PRIORITY Routine

OUR REF # (Order ID#) 841730

ORDER ENTITY ETORCH INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

ETORCH INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: margaret@pfssonline.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

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.

Thursday, July 23, 2020 Page 1 of 1

2020 JUL 23 PH 12: LS

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.

MessageCor			····	
(If name unavait	able in Florida, enter alternate corporate name ac		ng business in	Florida)
Delaware		47-4968460		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
April 22, 2016 5. (Date of incorporation)		(Date of duration, if other than perpetual)		
	of incorporation)	(17ate of duration, if other	tnan perpetua	!)
6/23/2020		the state of the state of the state of		
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		lity)	
25 W Washir	ngton St. Suite 1150, Chicago IL 60606		·	
	igion on dance i loo, chicago le cocco			
	(Principal office	street address)		
	(Principal office	street address)		
	·	street address) address, if different)		
	·			
Name and <u>stre</u>	·	address, if different)	,	20
	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	,	20 يارا
Name:	(Current mailing et address of Florida registered agent: (P.O. Paul Everton	address, if different)	•	JE 2
Name:	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	•	Jel 23
Name:	(Current mailing et address of Florida registered agent: (P.O. Paul Everton 88 SW 7th St, Unit 2601	address, if different) Box <u>NOT</u> acceptable)		JE 2
	(Current mailing et address of Florida registered agent: (P.O. Paul Everton 88 SW 7th St, Unit 2601	address, if different)		Jel 23
Name: fice Address:	(Current mailing et address of Florida registered agent: (P.O. Paul Everton 88 SW 7th St, Unit 2601 Miami (City)	address, if different) Box <u>NOT</u> acceptable)		Jel 23
Name: Tice Address: Registered ag	(Current mailing et address of Florida registered agent: (P.O. Paul Everton 88 SW 7th St, Unit 2601	address, if different) Box NOT acceptable) , Florida 33130 (Zip code)	ed corporatio	JEL 23 M 2:17
Name: Tice Address: Registered ag ving been nan ignated in this	et address of Florida registered agent: (P.O. Paul Everton 88 SW 7th St, Unit 2601 Miami (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment.	address, if different) Box NOT acceptable) , Florida 33130 (Zip code) t of process for the above state at as registered agent and agr	ree to act in t	JUL 23 MI 2: 17 on at the phothis capacit
Name: Tice Address: Registered agwing been nanignated in this ther agree to c	(Current mailing et address of Florida registered agent: (P.O. Paul Everton 88 SW 7th St, Unit 2601 Miami (City) ent's acceptance: ned as registered agent and to accept service	address, if different) Box NOT acceptable) Florida 33130 (Zip code) tof process for the above state out as registered agent and agrative to the proper and comple	ree to act in t	JUL 23 MI 2: 17 on at the phothis capacit

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

under the law of which it is incorporated.

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

A. DIRECTORS					
□ Chairman	Name: Paul Everton	□Chairman	Name: Iain Shovlin		
□Vice Chairman	Address: 88 SW 7th St	□Vice Chairman	Address: 225 W Washington St Suite 1150		
Director	Unit 2601 Miami, FL 33130	X Director	Chicago IL 60606		
President		□President			
•		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other		□Other	□Other		
□Chainnan	Name: Thaddeus Wong	□ Chairmao	Name: Timothy Eades		
□Vice Chairman	Address: 225 W Washington St	□Vice Chairman	Address: 225 W Washington St Suite 1150		
Director	Suite 1150 Chicago IL 60606	Director	Chicago IL 60606		
□President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	☐ Secretary	☐'Treasurer		
□Other	□()ther	[]Other	□Other _>		
□Chairman	Name:	□ Chairman □ Vice Chuirman	Name: 23		
Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	Secretary	□Treasurer		
□Other	□Other	Other	□Other		
Important Notice:	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	e attachment will be image artment of State Annual R	ed for reporting purposes only. Non-indexed eport form,		
12,	PARS. Signature of Dire	ctor or Officer			
she is aware that s.817.155, F.S.	ector signing this document (and who is listed in n false information submitted in a document to the Extraor, President	umber II above) affirms (Department of State constit	nat the facts stated herein are true and that he or utes a third degree felony as provided for in		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ETORCH 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-FIRST DAY OF JULY, 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 "ETORCH INC." WAS INCORPORATED ON THE THIRD DAY OF SEPTEMBER, A.D. 2015.

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

at corp. delaware gov/auth

Authentication: 203322732

Date: 07-21-20



July 24, 2020

INCORPORATING SERVICES, LTD

SUBJECT: ETORCH INC. Ref. Number: W20000078737

We have received your document for ETORCH INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II Letter Number: 320A00013909 27 112: