# F20000005289

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
ertified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900355263769

MON 24 PR 2:21

RECEIVED

2020 NOV 24 PM 2: 28

K. SALY

### FLORIDA FILING & SEARCH SERVICES, INC.

#### P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/24/20

NAME:

PURPLE USA INC

TYPE OF FILING: APPLICATION

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

#### **COVER LETTER**

_	tration Section ion of Corporations					
SUBJECT:	PURPLE USA INC.					
Name of corporation - must include suffix						
Dear Sir or M	adam:					
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ding" and check are subr			
Please return a	all correspondence concerni	ng this matter	to the following:			
Sharon K. Gray	у					
		Name of I	Person	· · · · · · · · · · · · · · · · · · ·		
Triad Profession	onal Services					
		Firm/Com	pany			
1720 Windwar	d Concourse, Stc. 390					
<del></del>		Addre	SS			
Alpharetta, GA	30005					
		City/State ar	nd Zip code			
michelle.ellis@	••••					
	E-mail address	: (to be used f	or future annual report n	otification)		
For further inf	formation concerning this m	atter, please c	all:			
Sharon K. Gray	у	770 at (	777-2091			
Name	e of Person	Area Code	Daytime Teleph	none Number		
Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING AN Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		
	check for the following amo eck payable to: FLORIDA DE ing Fee	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

## 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.

(11 name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transaction	ng business in Florida)
Delaware	3.		<u> </u>
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
09/19/2013		Perpetual	
(Date	of incorporation)	(Date of duration, if other	than perpetual)
Upon qualificat	ion		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	in.)
3050 Hiscayne B	oulevard, Ste. 604 Miami, FL 33137-4153	2, 1.o., to determine penalty libor	(y)
·	<del></del>	: street address)	<u> </u>
	(	Marian against	10000000000000000000000000000000000000
	(Current mailing	address, if different)	- <del> </del>
		• •	ວ`` <u>.</u>
. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	NRAI Services, Inc.		
	1200 South Pine Island Road	<del></del>	
Office Address:	Too odd i in isand noo	<del></del>	-, -
	Plantation	Florida 33324	
	(City)	(Zip code)	

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):

(Registered agent's signature)

A. DIRECTORS			Kathlaan Barren Criek
□ Chairman	Name: Andrew Lister	☐ Chairman	Name: Kathleen Barnea Spink
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Suite 604	Director	Suite 604
□President	Miami, FL 33137-4153	□President	Miami, FL 33137-4153
■ Vice President		■ Vice President	
□Secretary	□Treasurer	Secretary	☐Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name: Caroline Lynch
	Address: 3050 Biscayne Blvd.	□Vice Chairman	3050 Biscayne Blvd. Address:
Director	Suite 604	Director	Suite 604
President	Miami, FL 33137-4153	President	Miami, FL 33137-4153
□ Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	Other	Other
			Name:
☐ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	7
□President		□President	- 2
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	☐ Treasurer
Other	Other	Other	
Important Notice; U	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa	ertment of State Annual Re	eport form.
12			
	Signature of Direct	tor or Officer	
	ctor signing this document (and who is listed in nu- lse information submitted in a document to the De		

13. Fergus Lawfor, President

(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 "PURPLE USA 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 TWENTIETH DAY OF NOVEMBER, 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 "PURPLE USA INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2013.

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





Authentication: 204130114

Date: 11-20-20

5396258 8300 SR# 20208457269