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(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
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COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	ECT: Nash Ex	change Inc.				
30 D 0		orporation -	must include suffix		•	-
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Corpo ficate of Existence," or "Certificate of (referenced foreign corporation to trans	Good Standi	ng" and check are subi			
Please	return all correspondence concerning (his matter to	the following:			
	Theresa Bitto	erman		S	207	
		Name of Pe	rson	<u> </u>		·
	Licensel.ogix	LLC		7	Z	man .
		Firm/Compa	my		-2	-
	140 Grand St.	Ste 300			말	
-		Address	<u> </u>	<u> </u>	 ــ	
	White Plains .	NY 10601			PH 3: 23	
		ity/State and	•			•
	teamma	ole@licensel	logix.com			
	E-mail address: (to	be used for	future annual report n	otification)		-
For fu	rther information concerning this matte	r, please cal	1:			
Th	eresa Bitterman	800	292-0909			
	Name of Person	Area Code	Daytime Telepl	none Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		
Please	sed is a check for the following amount make check payable to: FLORIDA DEPA 0.00 Filing Fee	RTMENT O	DF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Certificate o Certified Co	f Status	&

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.

1. Nash Exchange			
	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(H'name unavaila	ible in Florida, enter alternate corporate name a	idopted for the purpose of transacting	ousiness in Florida)
DE 2.	3	83-0957809	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	Date of incorporation) 5. (Date of duration, if other than perpetual)		n perpetual)
5			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration)	
_ 1209 Orange S	treet, Wilmington, DE 19801	oz, ras, to determine penarty habitity	202 S.E.
/		ce <u>street</u> address)	A A
e/o Vincent Gauc	Imso, 150 Clove Road, 5th Floor, Little Falls, I		7. N m
	(Current mailing	g address, if different)	
			- 연락 19
Name and <u>stree</u>	t address of Florida registered agent: (P.O	. Box NOT acceptable)	·
Name:	Paracorp Incorporated		723 755
Office Address:	155 Office Plaza Drive, 1st Floor	- 	
	Tallahassee	32301 . Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as 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 Ethan Joseph Fast Name: □ Chairman Name: □Chairman 1209 Orange St Address: _____ □Vice Chairman □Vice Chairman Address: Wilmington DE 19801 ∑Director □ Director □President □Vice President □Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Name: □Chairman □Chairman Address: ____ □Vice Chairman Address: _____ □Vice Chairman Director □Director **□**President President □Vice President □Vice President _____ ☐Treasurer □ Secretary □ Secretary □Other _____ □Other ____ □Other Name: □ Chairman □ Chairman Name:

□Director		□Director	
□President	 	□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurei
Other	□Other	□Other	□Other

□ Vice Chairman

Address:

Important Notice: Use an attachment to report more than six 76) The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Phrida Department of State Annual Report form.

12. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Ethan Joseph Fast, President

□Vice Chairman Address:

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NASH EXCHANGE 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. 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 "NASH EXCHANGE INC." WAS INCORPORATED ON THE ELEVENTH DAY OF MAY, A.D. 2018

6882306 8300 SR# 20208487988

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

Authentication: 204192087

Date: 12-10-20