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COVER LETTER

TO:		ration Section on of Corporations			
SUBJ	ECT:	ClicMotion Corp.			
		Name of	corporation	ı - must include suffix	
Dear S	Sir or Ma	dam:			
"Certif	ficate of		f Good Stan	Authorization to Transact Business in Florida," ading" and check are submitted to register the ess in Florida.	
Please	return al	ll correspondence concerning	g this matter	to the following:	
		Amanda Blaufus			
			Name of	Person	
		White Summers Caffee & Jam	es, LLP		
		-	Firm/Con	npany	_
		805 SW Broadway, Suite 244	0	·	
			Addre	ess	
		Portland, OR 97205		_	
	· -		City/State a	nd Zip code	_
		jshephard@clictell.com			
		E-mail address: ((to be used f	for future annual report notification)	
For fur	ther info	ormation concerning this mat	ter, please c	all:	
	Amand	a Blaufus ai	503	688-4393	
	Name	of Person	Area Code	Daytime Telephone Number	
	Registr Divisio The Ce 2415 N	ET/COURIER ADDRESS: ation Section on of Corporations on tree of Tailahassee of Monroe Street, Suite 810 on the section of the		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please n		neck for the following amounts by payable to: FLORIDA DEP g Fee S78.75 Filing to Certificate of the control of	ARTMENT	OF STATE 3 \$78.75 Filing Fee & S87.50 Filing Fee Certified Copy Certificate of Stat 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.

Delaware		-	pted for the purpose of transacting business in I	Florida)
State or countr	y under the law of which it is inco	orporated)	applied for (FEI number, if applicable)	
February 04, 2			` · · · · ·	
(Date	of incorporation)	5	(Date of duration, if other than perpetual))
			orida, if prior to registration) F.S., to determine penalty liability)	
20423 State Ro	ad 7, Ste F6-471, Boca Raton, FL		1.5., to determine penalty habitity)	
		Principal office s	Amont address)	
lame and stree	(C t address of Florida registered	-	ddress, if different) ox NOT acceptable)	
Name and <u>stree</u> Name:		-		.
Name:	t address of Florida registered	agent: (P.O. B		
Name:	t address of Florida registered Mahendra (Mike) Doobay	agent: (P.O. B	ox <u>NOT</u> acceptable) 	
	Mahendra (Mike) Doobay 20423 State Road 7, Ste F6-47	agent: (P.O. B		

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			
Chairman	Name:	□ Chairman	Name: Benjamin Gill
□Vice Chairman	Address: 20423 State Road 7, Ste F6-471	□Vice Chairman	Address: 20423 State Road 7, Ste F6-471
Director	Boca Raton, FL 33498	Director	Boca Raton, FL 33498
President		President	
□Vice President		□Vice President	
□Secretary	☐ Treasurer	■ Secretary	□Treasurer
□Other	□ Other	□Other	□Other
	James Shephard		
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Ste F6-471	□Director	
☐ President	Boca Raton, FL 33498	□President	
□Vice President		□Vice President	
☐ Secretary	Treasurer	Secretary	□Treasurer
Other	Other	Other	□Other
			<i>t</i> •
Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□ President	·
□Vice President		□Vice President	
□Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□Other	Other	□ Other	□Other
Important Notice: Uindividuals may be	Use an attachment to report more than six (6), The added to the index when filing your Florida Department	e attachment will be imaged arment of State Annual Re	I for reporting purposes only. Non-indexed port form.
12.	Moho	New	
The officer or direct she is aware that far s.817.155, F.S.	Signature of Director signing this document (and who is listed in nulse information submitted in a document to the D	imber 11 above) affirms tha	at the facts stated herein are true and that he or les a third degree felony as provided for in
13	Mahendra (Mike) Doobay, CEO &		
	(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 "CLICMOTION CORP." 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 NINTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLICMOTION CORP." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2021.

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

4992469 8300

Authentication: 202468945

Date: 02-09-21