## F2200002099

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## COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	VERIDAAS CORPORATIO	N		
	Name	of corporation - n	ust include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standing	g" and check are sub	
Please return	all correspondence concerni	ng this matter to	the following:	
DAVID KING				
		Name of Per	son	
VERIDAAS C	ORPORATION			
		Firm/Compan	у.	
3925 90TH AV	E E			
		Address		
PARRISH FL	34219-2218			
		City/State and Z	Cip code	
dking@veridaa				
	E-mail address	: (to be used for f	uture annual report i	notification)
For further inf	ormation concerning this m	atter, please call:		
David King		at (615	Code Daytime Telephone Number	
Name	of Person	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		5:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	theck for the following amo teck payable to: FLORIDA DE ing Fee	PARTMENT OF S7	STATE 8.75 Filing Fee & ertified 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.

L. VERIDAAS C	ORPORATION		
	corporation: must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	." "COMPANY." "CORPORATION."	
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
DELAWARE		47-5280802	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
7. <u>6200 S SYR</u> ACU	(SEE SECTIONS 607.1501 & 607.1 JSE WAY STE 485, GREENWOOD VILLAC		
3925 90TH AVE	E E. PARRISH FL 34219-2218	icc <u>street</u> address)	
	(Current maili	ng address, if different)	
8. Name and stre	et address of Florida registered agent: (P.C	O. Box <u>NOT</u> acceptable)	
Name:	PARACORP INCORPORATED		
Office Address:	155 OFFICE PLAZA DR FL 1	<del></del>	
	TALLAHASSEE	, 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.



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]:

A. DIRECTORS						
Chairman	Name: MICHAEL FAZIO	□Chairman	Name: CHRISTOPHER PAYNE			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	18W140 BUTTERFIELD RD STE 1180	Director	4811 S NIAGARA ST UNIT 302			
□President	OAKBROOK TERRACE IL 60181	■ President	DENVER CO 80237			
□Vice President	USA	□Vice President	USA			
☐ Secretary	Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	□ Other			
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman ■Director	TOM GRIFFIS  Address:  100 KING ST W STE 5600			
□President		□ President	TORONTO ON M5X 1C9			
		□Vice President	CANADA			
□ Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other		□Other				
□Director	Name:	□Chainnan □Vice Chairman □Director	DAVID KING Name:			
☐ President	<del></del>	□President	USA			
□Vice President		□Vice President	-			
Secretary	☐ Treasurer	■ Secretary	Treasurer			
□Other	□ Other	Other	Other			
Important Notice: Undividuals may be 12.	Use an attachment to report more than six (6). The atta gdded to the index when filing your Florida Departm Signature of Director of	ent of State Annual Re	I for reporting purposes only. Non-indexed port form.			
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.						
DAVID KING, SECRETARY						



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

DELAWARE, DO HEREBY CERTIFY "VERIDAAS CORPORATION" 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 SEVENTEENTH DAY OF FEBRUARY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERIDAAS CORPORATION" WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH,

A.D. 2018.

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

Authentication: 202690607

Date: 02-17-22