F96000001069

TO: Qualification/Tax Lien Section
Division of Corporations

[illegible]
-03/01/96--01086--001
*****122.50 *****122.50

SUBJECT: Hippo, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jim Dodrill
(Name of Person)

Hippo, Inc
(Firm/Company)

980 North Federal Highway, Suite 206
(Address)

Boca Raton, FL 33432
(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR -1 PM 2:51

3/1/96

Should you need to call someone concerning this matter, please call:

Jim Dodrill (Name of Person) at (407) 750-7528 (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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. Hippo, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name of present.)

2. Delaware
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. February 8 1996
(Date of Incorporation)

5. Perpetual
(Duration. If not corp. will cease to exist, insert "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. SEE SECTIONS 607.1501, 607.1502, AND 617.155, F.S.)

7. 980 North Federal Highway, Suite 206
Boca Raton, FL 33432
(Current mailing address)

8. Manufacture of golf apparel
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Paul H Berger

Office Address: 980 N. Federal Hwy #206

Boca Raton, Florida, 33432
(Zip Code)

10. **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.

Paul H. Berger
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Paul Berger

Address: 300 Southeast 5th Ave Suite 3010

Boca Raton, FL 33432

Vice Chairman: Jim Dedrill

Address: 300 Southeast 5th Ave, Suite 3010

Boca Raton, FL 33432

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Jim Dedrill

Address: 300 Southeast 5th Ave, Suite 3010

Boca Raton, FL 33432

Vice President: _____

Address: _____

_____

Secretary: Jim Dedrill

Address: 300 Southeast 5th Ave Suite 3010

Boca Raton FL 33432

Treasurer: Paul Berger

Address: 300 Southeast 5th Ave Suite 3010

Boca Raton, FL 33432

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jim Dedrill President
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIPPO, 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-EIGHTH DAY OF FEBRUARY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
96 MAR -1 PM 2:51

Edward J. Freel, Secretary of State

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AUTHENTICATION

7846010

DATE

02-28-96

F96000001069

Hippo, Inc.
4400 N. Federal Highway, Suite 210
Boca Raton, FL 33431

Tel (407) [illegible] 7090
Fax (407) 750 7090
Customer Service (800) HIPPO 1

July 4, 1996

Lee Rivers
Document Examiner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Qualification documents for Hippo, Inc. were filed on March 1, 1996 and assigned document number F96000001069. I have written this letter to inform you that our corporate address has changed to the following:

Hippo, Inc.
4400 North Federal Highway
Suite 210
Boca Raton, FL 33431

Should you have any questions about the above, please do not hesitate to contact me.

Very truly yours,
Hippo, Inc.

Jim Dodrill
President

updated [illegible] 7/8/96
sent RA info

F96000001069

Hippo, Inc.
4400 N. Federal Highway, Ste. 210
Boca Raton, FL 33431

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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-07/16/96--01115--010
*****35.00 *****35.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

F96000001069
7-16-96

Examiner's Initials	

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of [illegible] submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: [illegible]

1b. The mailing address of the corporation is: [illegible]

1c. Date of incorporation: 2/3/96 Document number: [illegible]

2. The name and address of the current registered agent and office:

[illegible]

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Jim Dodd
[illegible]
[illegible]

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[illegible] 7/10/96
(Signature of an officer, chairman or vice chairman of the board) (Date)

Jim Dodd President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

[illegible] 7/10/96
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

[illegible] President
(Typed or Printed Name) (Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: $35.00

CR2E045(11/94)