

M19000008583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

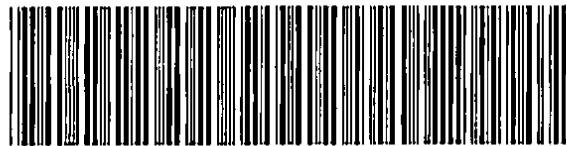
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600333796316

2019 SEP -5 PM 12:24

SEP 06 2019

M. SOLOMON



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 09/05/2019

Name: Joy Weaver

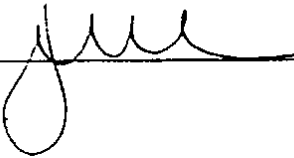
Reference #: 1049989

Entity Name: PROTECT EAR USA, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

*File  
Second*

Authorized Amount: \$125.00

Signature: 

*2019 SEP 5 PM 4:22*

• CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7700  
P: 800.221.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY #8010772  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ProtectEar USA, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dagne Blaauw

Name of Person

ProtectEar USA, LLC

Firm/Company

681 - 7789 134 Street

Address

Surrey, BC V3W 9E9 Canada

City/State and Zip Code

dblaauw@protectear.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dagne Blaauw

Name of Contact Person

at ( 604 )

Area Code

635-3253

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ProtectEar USA, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 83-3283811  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/22/2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2235 Executive Circle 6. 681 - 7789 134 Street  
(Street Address of Principal Office) (Mailing Address)

Colorado Springs, CO

Surrey, BC

80906

V3W 9E9 Canada

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

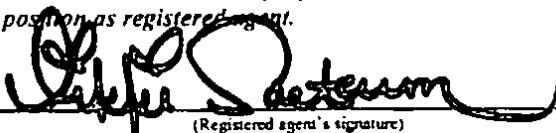
Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

Vikki Saeurn, Assistant Secretary of COGENCY GLOBAL INC.

2019 SEP -5 PM 12:24

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: \_\_\_\_\_ Name and Address: \_\_\_\_\_  
☒ Manager Name: Roy Rafalco  
☐ Member Address: 5550 W. Executive Dr.  
☐ Authorized Ste 230  
Person Tampa FL 33609  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: \_\_\_\_\_ Name and Address: \_\_\_\_\_  
☐ Manager Name: Dagne Blaauw  
☐ Member Address: 681 - 7789 134 Street  
☒ Authorized Surrey, BC  
Person V3W 9E9 Canada  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Matt Dawson  
☐ Member Address: 5550 W. Executive Dr.  
☐ Authorized Ste 230  
Person Tampa FL 33609  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Roy Rafalco  
☐ Member Address: 2235 Executive Circle  
☒ Authorized Colorado Springs, CO 80906  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

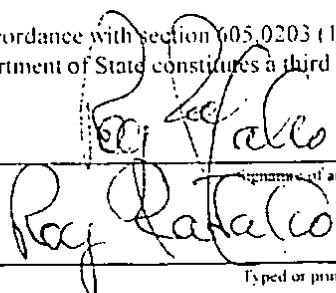
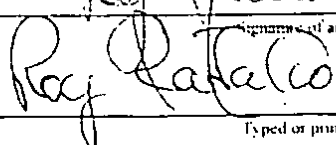
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

  
\_\_\_\_\_  
Signature of an authorized person  
  
\_\_\_\_\_  
Typed or printed name of signer

2019 SEP-5 PM 12:24  
RECEIVED  
FLORIDA DEPARTMENT OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROTECTEAR USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROTECTEAR USA, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2019.

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7249813 8300

SR# 20195847499

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203170630

Date: 07-08-19

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CUSTOM PROTECT EAR USA, LLC". CHANGING ITS NAME FROM "CUSTOM PROTECT EAR USA, LLC" TO "PROTECTEAR USA, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2019, AT 10:56 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

7249813 8100  
SR# 20195847499

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203170628  
Date: 07-08-19

CERTIFICATE OF AMENDMENT

TO THE

CERTIFICATE OF FORMATION

OF

Custom Protect Ear USA, LLC

1. The Certificate of Formation of Custom Protect Ear USA, LLC, a Delaware limited liability company (the "Company"), was filed with the Department of State of the State of Delaware on January 23, 2019.

2. The Certificate of Formation is hereby amended to change the name of the Company by deleting the current First Article and substituting the following therefor, to wit:

"FIRST. The name of the limited liability company is ProtectEar USA, LLC"

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to the Certificate of Formation of Custom Protect Ear USA, LLC on this 19 day of February 2019.

By:   
Matt Dawson, Vice President and Secretary