# FILOCOONIA

(Requestor's Name)					
· (Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: Cert. N Var 17403					
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2016

MARK A. PEARSON 1388 HAIGHT STREET #101 SAN FRANCISCO, CA 94117

SUBJECT: NEAT METHOD, INC. Ref. Number: W16000017403

We have received your document for NEAT METHOD, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 116A00004813

#### COVER LETTER

TO:	Registration Section Division of Corporations		
CUDI	NEAT METHOD, INC.		•
SORI	ECT:Name	e of corporation	- must include suffix
Dear S	ir or Madam:		
"Certif	iclosed "Application by Foreign ( ficate of Existence," or "Certifica referenced foreign corporation to	te of Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.
	return all correspondence concer  A. Pearson	ning this matter	to the following:
		Name of P	erson
ARC L	aw Group	. ••	·
		Firm/Comp	any
1388 H	IAIGHT ST., #101	•	
		Addres	S
SAN F	RANCISCO, CA 94117		
		City/State and	d Zip code
mark@	arclg.com		
	E-mail addre	ss: (to be used fo	r future annual report notification)
For fur	ther information concerning this	matter, please ca	II:
Mark A	A. Pearson	415 at (	504-2981
	Name of Person	Area Code	Daytime Telephone Number
	•		•
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclose	ed is a check for the following an	nount:	
<b>□ \$</b> 70	.00 Filing Fee		\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. NEAT METHOD, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) **CALIFORNIA** 81-1419988 (State or country under the law of which it is incorporated (FEI number, if applicable) FEBRUARY 22, 2016 (Date of incorporation) (Date of duration, if other than perpetual) **FEBRUARY 22, 2016** (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607:1501 & 607.1502, F.S., to determine penalty liability) 35 MILLER AVE #332, MILL VALLEY, CA 94941 (Principal office address) 35 MILLER AVE #332, MILL VALLEY, CA 94941 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Marissa Hagmeyer Name: 4240 NE 16th AVE Office Address: OAKLAND PARK. (City) 9. Registered agent's acceptance: designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I

Having been named as registered agent and to accept service of process for the above stated corporation at the place 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.

11. Names and business addresses of officers and/or directors:

A. DIRI Chairman	ECTORS Ashley Murphy		
	20 E 5th, HINSDALE, IL 60521		
,			
ice Chai	Molly Graves rman:		
Address:	35 MILLER AVE #332, MILL VALLEY, CA 94941		·-
Director:	Marissa Hagmeyer		<del></del>
	4240 NE 16th AVE, OAKLAND PARK, FL 33334		
limator	Brooke Ruder		
Director:	657 W. FULTON ST #706, CHICAGO, IL 60661		
			2016
3. OFF	ICERS	影譜	APA
resident:	Ashley Murphy	SSA	R !
ddress:	20 E 5th, HINSDALE, IL 60521	T Q	_ <del></del>
		10.1 7.1S	=
lina Davoi	Marissa Hagmeyer	OF S	<u>. 5</u>
	4240 NE 16th AVE, OAKLAND PARK, FL 33334		······································
	Molly Graves	·	<del></del>
ecretary:	35 MILLER AVE #332, MILL VALLEY, CA 94941	<u> </u>	·
Address:			
reasurer:		<del></del> -	<del></del>
Address:	657 W. FULTON ST #706, CHICAGO, IL 60661		
OTE:	If necessary, you may attach an addendum to the application listing additional officers and/or	directors	•
he offic	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the find that he or she is aware that false information submitted in a document to the Department of the D		
Mari	gree felony as provided for in s.817.155, F.S. ssa Hagmeyer, Officer/Director/Shareholder		
3	(Typed or printed name and capacity of person signing application)		

## State of California

### Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NEAT METHOD, INC.

FILE NUMBER:

C3876268

FORMATION DATE:

02/22/2016

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

· ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 25, 2016.

ALEX PADILLA Secretary of State