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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SPSE 100006W			

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2020

DONNELL PERKINS III 24600 SOUTH TAMIAMI TRAIL #331 BONITA SPRINGS, FL 34134

SUBJECT: BTP INC.

Ref. Number: W20000128472

We have received your document for BTP INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P09000061625.

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.

Yvette Scott Document Specialist II

Letter Number: 520A00022334

RECEIVE ?

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BTP Inc		
Name of corporation -	must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standiabove referenced foreign corporation to transact business	ing" and check are submi	Business in Florida," tted to register the
Please return all correspondence concerning this matter to	o the following:	
Dennell Perkins II		بي، س
Name of Pe	erson	2
BTP TOC		NON
# 331 So Tamiami Tra	any . i	8 PM
Address		
Boute Springs For	34184	53
City/State and	l Zip code	
trippperking 1 Dana 1. Com E-mail address: (to be used for	r future annual report not	ification)
For further information concerning this matter, please cal	11:	
) 898-5220	····
Name of Person Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee	MAILING ADI Registration Sec Division of Corp P.O. Box 6327	tion porations
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL	32314
Enclosed is a check for the following amount:	ገድ ሮሞ ለ ፕነ <mark>ድ</mark>	
Please make check payable to: FLORIDA DEPARTMENT (\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status		☐ \$87.50 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.

1.	131P Inc	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	BTP Bonita Inc	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	1. <u>9-22-2020</u> 5.	
	(Date of incorporation) (Date of duration, if other than perpetual)	
6.	h.	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.	# 331 24600 So Tamiani Tr Ste 212 Bonita Springs FL 34	
7	# 331 24600 So Tamiani Tr Ste 212 Bonita Springs FL 34 (Current mailing address, if different)	73
	(Current maning address, it different)	
8.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: Registered Agent Inc	
O	Office Address: 7901 4th 5t N STE 300	
	54 Peters buce , Florida 33702 55 (Clt) (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.

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.

A. DIRECTORS					
MChairman Name: Donnell Perkins III	□Chairman Name:				
□Vice Chairman Address: # 33	□Vice Chairman Address:				
Director 24600 & Tamiam: Tr 4 212	□ Director				
President Benita Springs FL 34134	□ President				
□Vice President	□Vice President				
□Secretary □Treasurer	☐ Secretary ☐ Treasurer				
Other	Other Other				
□Chairman Name: Brandon Perez □Vice Chairman Address: #331 □Director 24600 So Tamiami Tr □President 54e 212	□ Chairman Name: □ Vice Chairman Address: □ Director □ President □ President				
Ovice President Bonita Springs FL 34134	□Vice President				
□ Secretary □ Treasurer	□ Secretary □ Treasurer				
□Other	□Other □Other ☑				
□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: 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. Signature of Director or Officer 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.					

(Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State



United States of America, 1 State of Wyoming

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office;

BTP Inc

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on August 24, 2020, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2020-000939515.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of October, 2020 at 3:44 PM.



Secretary of State

Shawn Havel