

(Requestor's Name)				
(Address)				
(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:				
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COVER LETTER

Division of Corporations		
SUBJECT: Altairia Corporation		
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in I "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to regist above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:	•	
Dakota Rea		
Name of Person		_
Altairia Corporation		
Firm/Company		
410 SE 16th Ct APT 212	262	
Address	·	 •:
Fort Lauderdale, FL 33316	OCT 2	1
City/State and Zip code	<u></u>	<u></u> -
dakotarea@me.com	Ρ	; , 444
E-mail address: (to be used for future annual report notification)	્ય છે	 -,,
For further information concerning this matter, please call:	œ	
Dakota Rea 390-2114		
Name of Person Area Code Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	•	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Bigcirc\$ \$70.00 Filing Fee \$\Bigcirc\$ \$78.75 Filing Fee & \$\Bigcirc\$ \$87.50 F Certificate of Status Certified Copy Certified Certified	te of Stat	

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.

Altairia Corporat	tion			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	•	
Altairia Internati	onal			
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)	
Oregon	3	6-4681329		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
08/09/20				
	(Date first transacted business in		 	
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability	')	
942 Windemere A	sve Salem, OR 97304			
	(Principal offic	ce street address)		
•••	(Current mailing	g address, if different)		
Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	F3	
	Dakota Rea		2021 OCT 21 PH	
Name:	7001 444 Ct. N. P. Line 5954		OCT OCT	
ffice Address:	7901 4th St. N Suite 5854		2 "	
	St. Petersburg	, Florida	· •	
	(City)	(Zip code)	. 6: H	
D. Carrie			ੱ. ∙ ਨਾ	
Registered ago	ent's acceptance: ned as registered agent and to accept servio	ce of process for the above stated	corporation at the plac	
aving been ham esignated in this	application, I hereby accept the appointm	ent as registered agent and agree	to act in this capacity	
irther agree to c	omply with the provisions of all statutes re	elative to the proper and complete	performance of my di	
nd I am familiar	with and accept the obligations of my pos	sition as registered agent.		
	Dahtu / 3			
_	(Registered agent's si	gnature)		

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				• •			
☐ Chairman	Dakota Rea Name:	Chairman	Name: Tool 4th St. N Suite 5854 Address: St. Petersburg, FL 33702				
□ Vice Chairman	7901 4th St. N Suite 5854 Address:	□ Vice Chairman					
□Director	St. Petersburg, FL 33702	□Director					
President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary		☐Treasurer			
Other	Other	□Other		Other			
□ Chairman	Name:	□Chairman	Name:				
	7901 4th St. N Suite 5854	□Vice Chairman					
Director	St. Petersburg, FL 33702	Director					
□President		□President					
□Vice President		□Vice President					
■ Secretary	☐Treasurer	□Secretary		☐Treasurer			
□Other	Other	□Other		Other			
				2821 OCT			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:	2 "			
□Director		Director		P			
President		□President					
□ Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer			
Other	Other	□Other	·····	□Other			
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Directors	ent of State Annual R					
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							
	ctor signing this document (and who is listed in number alse information submitted in a document to the Depar						
13. Dakota Rea							

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

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 333F245J4

I. SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

ALTAIRIA CORPORATION

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

8/20/2021



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2021

DAKOTA REA 410 SE 16TH CT APT 212 FORT LAUDERDALE, FL 33316 US

SUBJECT: ALTAIRIA CORPORATION

Ref. Number: W21000120726

RECEIVED OCT 21 2021

We have received your document for ALTAIRIA CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

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.

Letter Number: 921A00021429

Sharon D Franklin Regulatory Specialist II

www.sunbiz.org