

F15000005345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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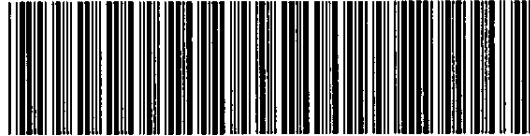
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 04 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOMCOVE LTD., 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," or "Certificate of Good Standing" 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:

RENEA M. GLENDINNING, CPA

Name of Person

KERKERING, BARBERIO & CO.

Firm/Company

1990 MAIN STREET, SUITE 801

Address

SARASOTA, FL 34236

City/State and Zip code

RGLENDINNING@KBGRP.COM

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

For further information concerning this matter, please call:

RENEA M. GLENDINNING

941

953-7446

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$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. SOMCOVE LTD., 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)
2. CAYMAN ISLANDS 3. 98-1242228
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 30, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 10/07/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1990 MAIN STREET, SUITE 801, SARASOTA, FL 34236
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: RENEA M. GLENDINNING, CPA

Office Address: 1990 MAIN STREET, SUITE 801
SARASOTA, Florida 34236
(City) (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.

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TAMPAHASSISTANT FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: STEPHEN JAMES PITTMAN

Address: #548, CANAL POINT DRIVE, P.O. BOX 30870

GRAND CAYMAN KY1-1204, CAYMAN ISLANDS

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: STEPHEN JAMES PITTMAN

Address: #548, CANAL POINT DRIVE, P.O. BOX 30870, GRAND CAYMAN KY1-1204, CAYMAN ISLANDS

Treasurer: _____

Address: _____

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

12. ☒ _____

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.

13. STEPHEN JAMES PITTMAN, DIRECTOR

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TL-298172

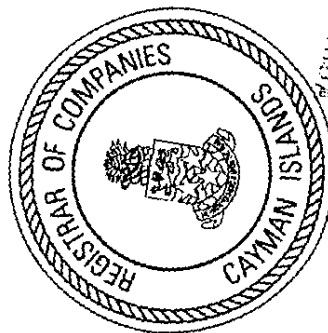
Certificate Of Good Standing

TO WHOM IT MAY CONCERN

I DO HEREBY CERTIFY that



a company duly organized and existing under and by virtue of the Laws of The Cayman Islands is at the date of this certificate in Good Standing with the office, and duly authorized to exercise therein all the powers vested in the company.



Given under my hand and Seal at George Town in the Island of Grand Cayman this 25th day of September Two Thousand Fifteen

An Authorised Officer,
Registry of Companies,
Cayman Islands.

SECRETARY OF STATE
AMEMBASSY, FLORIDA

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FILED

Authorisation Code : 759758244660
www.verify.gov.ky
25 September 2015