## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

Phone : (302)645-7400

Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

corpmanagement101@gmail.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

S.U.T.L. INC.

Ceruficate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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## 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. S.U.T.L. INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp.," "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) 01/04/2017 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) THE BRICKELL AVENUE, LITH FLOOR, MIAMI, FL 33131 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 3030 N. Rocky Point Dr., STE 150A Office Address: Tampa 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.

11. Names and business addresses of officers and/or directors:	(((H17000057893 3)))
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	g . Speciall
Address:	THE THE
	SAN T
B. OFFICERS	TAR A M
Andrea Witten President:	T ST 4
Address:ALTH FLOOR, MIAMI, FL 33131	A B
	· · · · · · · · · · · · · · · · · · ·
Vice President:	
Address:	
Secretary: Wendy Adcock	
Address:	
Treasurer: Wendy Adoock	
Address: 1111 BRICKELL AVENUE, 11TH FLOOR, MIAMI, FL 33131	
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) aft are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	irms that the facts stated herein a Department of State constitutes
13. Andrea Witten, President  (Typed or printed name and capacity of person signing applicat	ion)

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "S.U.T.L. INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S.U.T.L. INC."

WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2017.

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

6271749 8300

SR# 20171492505

You may verify this certificate online at corp.delaware.gov/authver.shtml

AMPTION OF HINTON, Secretary of State

Authentication: 202121025

Date: 03-01-17