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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Continuation Capital, Inc.	
Name of co	poration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corpor" Certificate of Existence," or "Certificate of above referenced foreign corporation to trans-	ation for Authorization to Transact Business in Florida," ood Standing" and check are submitted to register the cet business in Florida.
Please return all correspondence concerning to	is matter to the following:
Vincent Payne	
Continuation Capital, Inc.	lame of Person
P.O. Box 25368	rm/Company
Sarasota, FL 34277	Address
Ci accounting@dseincorporated.com	/State and Zip code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	please call:
Vincent Payne	552-1189 ext 1021
	rea Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, 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 Sta	

## 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. Continuation Capital, Inc. 1. (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) Delaware 82-0881495 (State or country under the law of which it is incorporated) (FEI number, if applicable) March 20, 2017 (Date of incorporation) (Date of duration, if other than perpetual) N/A 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7,2711 Centerville Rd. Suite 400 Wilmington, DE (Principal office address) P.O. Box 25368 Sarasota, FL 34277 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: James Craig 4046 Sawyer Road Office Address: Sarasota , Florida (City) 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.

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:

3 C. C.

A. DIRECTORS	
Chairman: Gary Kompothecras	
Address: 6910 Point of Rocks	
Sarasota, FL	
Vice Chairman:	
Address:	
Director: Charles Cleland	
Address: 2127 Ringling Blvd, Suite 104	
Sarasota, FL	
Director: Paul Winkle	
Address: 5903 White Pine Circle NE	
St. Petersburg, FL	
B. OFFICERS  President: Charles Cleland	L
B. OFFICERS  President: Charles Cleland	
Address: 2127 Ringling Blvd, Suite 104	٢
Address: 2127 Ringling Blvd, Suite 104  Sarasota, FL  Vice President: Paul Winkle	
Vice President: Paul Winkle	
Address: 5903 White Pine Circle NE	
St. Petersburg, FL	
Secretary:	
Address:	
Freasurer: Vincent Payne	
Address: 1610 145th Street East Bradenton, FL	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
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.	
3. Vincent Pavne. Treasurer  (Typed or printed name and capacity of person signing application)	

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "CONTINUATION CAPITAL, 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 TWENTIETH DAY OF JUNE, A.D. 2017.

6353692 8300 SR# 20174455540 Authentication: 202744646

Date: 06-20-17