# F60000008

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
	-	
(Do	cument Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2018

PHILLIP CHESSTON 1471 NOELL BLVD PALM HARBOR, FL 34683

SUBJECT: OREBITS CORP. Ref. Number: W18000013832

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

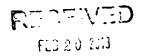
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State dulp authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the Lenglish language. A photocopy of this certificate is not acceptable.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 218A00002912



www.sunbiz.org

District of Control of DOV 2007 Mills That I soon

FILED

### **COVER LETTER**

TO:	Registration Sec Division of Cor					
SUBJ	FCT:	Orebits	Corp			
		Orebit s Name of corpor	ration - must	include suffix		_
Dear S	iir or Madam:					
"Certif	ficate of Existence	ion by Foreign Corporatio e." or "Certificate of Good n corporation to transact b	I Standing"	and check are sub		
Please	return all corresp	ondence concerning this r	natter to the	following:		
	PLIL	Lip Chesson	) ne of Person			
	— <del></del>	Orebits Co	γp			
		1471 No	ell E	Rlud	2018 FEB 20	ή =
			Address	-L 346	83 Eg P	U D
		Palm Hard City/S Pchesson & No E-mail address: (to be	tale and Zip Tha Kan	code 10 . COM		_
For fu	rther information	E-mail address: (to be concerning this matter, pl		ire annual report n	otification <del>) -</del>	
ρ <u>ι</u> .	LLio Chesso Name of Person	at ( <u>7</u> 1 Area	<b>27_</b> ) i Code	744-39 Daytime Telepl		
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations	
Enclos	sed is a check for	the following amount:				
<b>18</b> \$70	).00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied Copy	☐ \$87.50 Filing Fee. Certificate of State Certified Copy	.18 &

#### 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.

(	Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co,," or "Corp.")
	Orekits DE Corp  If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(	
2.	De la ware 3. 81-4075708  (State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	Scot. 23, 2016 5. ANN va. (Date of incorporation) (Date of duration, if other than perpetual)
	1 .
6.	(Date first transacted business in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
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7	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2260 5+4 Ave South 5049  (Principal office address)  (Current mailing address, if different)
7 - 8.	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  SHE Revisions  (Principal office address)  (Current mailing address, if different)  (Current mailing address)
7	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2260 5+4 Ave South 5049  (Principal office address)  (Current mailing address, if different)
	(Current mailing address. if different)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  SHE Revisions  (Principal office address)  (Current mailing address. if different)  (Current mailing address. if different)  (Current mailing address. if different)

#### 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: A. DIRECTORS Chairman: \_ Address: Vice Chairman: Address: \_\_\_ Director: Stephew I Mushahwar Address: 2260 5th Ave South, Suite 9 St Petersburg, FL 33712 Director: Bruce Youb Address: 2260 5th Ave South, Suite 9 St Petersburg, FL 33712 B. OFFICERS President: Michael Warren Address: 2260 5th Ave South, Suite 9 Address: 2260 5th Ave South, Suite 9 St Retersburg, FL 33712

(Schief Financial Officier Scott Rowan CFO + Secretary Address: 2260 5th Ave South, Suite 9, St Petersburg, FL 33712 Address: 2260 5th Ave South, Suite 9, 5t Petersburg FL 33712 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Bulle Classen on Mgs. + Treasover
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. Phillip Chesson as Mawarer & Treasurer (Typed or printed name and capacity of person signing application)

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OREBITS CORP." 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OREBITS CORP."

WAS INCORPORATED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
BEEN PAID TO DATE.

FILED



Authentication: 202142522

Date: 02-13-18

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