

F18000000974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

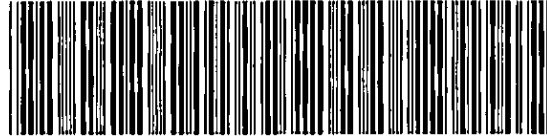
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
18 FEB 26 AM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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18 FEB 26 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
FEB 27 2018

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/26/2018

**\*\*WALK IN\*\***

ENTITY NAME SABOT TECHNOLOGIES, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 70.00

CHECK # 4575

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SABOT TECHNOLOGIES, 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:

CHRISTOPHER EAVES

Name of Person

SABOT TECHNOLOGIES, INC.

Firm/Company

101 PARKSHORE DR #100

Address

FOLSOM, CA 95630

City/State and Zip code

chris@sabotconsult.com

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

For further information concerning this matter, please call:

URS Agents C/O Kancha Bishop

800

567-4397

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.

SABOT TECHNOLOGIES, 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)

2. CALIFORNIA 3. 68-0462138  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/25/2000 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 101 PARKSHORE DR. #100 FOLSOM, CA 95630  
(Principal office address)

(Current mailing address, if different)

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

Name: URS AGENTS, LLC  
Office Address: 3458 LAKESHORE DRIVE  
TALLAHASSEE, Florida 32312  
(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.*

K. Bishop Kanetha Bishop, Asst. Secretary  
(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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18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: CHRISTOPHER EAVES

Address: 101 PARKSHORE DR #100 FOLSOM, CA 95630

Director: DARREN CHIAPPINELLI

Address: 101 PARKSHORE DR #100 FOLSOM, CA 95630

B. OFFICERS

President: CHRISTOPHER EAVES

Address: 101 PARKSHORE DR #100 FOLSOM, CA 95630

Vice President: DARREN CHIAPPINELLI

Address: 101 PARKSHORE DR #100 FOLSOM, CA 95630

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

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. CHRISTOPHER EAVES, PRESIDENT/CEO

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

FILED  
FEB 26 AM 8 31  
18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

SABOT TECHNOLOGIES, INC.

FILE NUMBER: C2266390  
FORMATION DATE: 10/25/2000  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of February 22, 2018.

ALEX PADILLA  
Secretary of State

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