# F1800003986

(Re	equestor's Name)				
(Ac	idress)				
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(Ci	ty/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Bı	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
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# **COVER LETTER**

TO: Registration Section Division of Corporation	ons					
Nagrada, Inc. SUBJECT:						
SUBJEC1:	Name of corporat	ion - must i	nclude suffix			_
Dear Sir or Madam:						
The enclosed "Application by "Certificate of Existence," or above referenced foreign corporate to the company of the corporate to the corporat	Certificate of Good S	Standing'' a	nd check are subm			
Please return all corresponden Andrea Emans	ce concerning this ma	tter to the f	ollowing:			
	Name	of Person		A A	8	_
KKOS Lawyers				至	JUA	-11
	Firm/C	Сотрапу		SS	20	7
1883 W. Royal Hunte Drive Suit	e 200-A				P.4	
	Ad	ldress		<u> </u>		
Cedar City, Utah 84720				AG A	55	
	City/State	e and Zip c	ode			_
andrea@kkoslawyers.com						
E-n	nail address: (to be use	ed for futur	e annual report no	otification)		_
For further information concer	ning this matter, pleas	se call:				
Andrea Emans	435 at (	586-	9366			
Name of Person	Area C	Code	Daytime Telepho	one Number		
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle 1		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		
	lowing amount: 78.75 Filing Fee & Certificate of Status		5 Filing Fee & led Copy	\$87.50 Filing Certificate of Certified Co	of Statu	ıs &

### 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.	Nagrada, Inc.					
	(Enter name of confidence," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
	(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting h	ousiness in Florida)		
2.	Utah		47-5554589	,		
(State or country under the law of which it is incorporated) 02/03/2016			(FEI number, if applicable)			
6.	(Date	of incorporation) 5.	(Date of duration, if other than perpetual)			
7.	539 N 100 W, Sp	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 anish Fork, UT 84660	Florida, if prior to registration) 02, F.S., to determine penalty liability)			
		(Principa	al office address)			
	P. 0	P. Box 13186, GAINESULE (Current mailing	g address, if different)	<u> </u>		
8.	Name and street	et address of Florida registered agent: (P.O	. Box NOT acceptable)	AUG 20 AUG 20 AHASSE		
	Name:	Cyndi S. Hardman		្នំ ក្រ		
Oi	ffice Address:	19304 SW 53rd Place		PLORE TO		
		Archer	32618 , Florida	55 DA		
		(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Cyndi S. Hardman 539 N 100 W, Spanish Fork, UT 84660 Address: \_ Address: Director: \_ Address: \_\_ Director: **B. OFFICERS** Cyndi S. Hardman President: 539 N 100 W, Spanish Fork, UT 84660 Address: Vice President: Address: Cyndi S. Hardman Secretary: 539 N 100 W, Spanish Fork, UT 84660 Address: Cyndi S. Hardman Treasurer: 539 N 100 W, Spanish Fork, UT 84660 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. Cyndi S. Hardman, President

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



#### **Utah Department of Commerce**

#### Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

08/06/2018 9598067-014208062018-2227861

## **CERTIFICATE OF EXISTENCE**

Registration Number:

9598067-0142

**Business Name:** 

NAGRADA, INC.

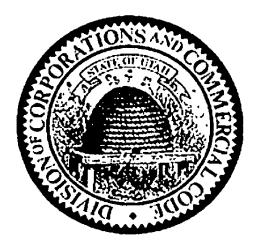
Registered Date:

February 03, 2016 Corporation - Domestic - Profit

Entity Type: Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state: its most recent annual report has been filed by the Division (unless Delinquest); and, that Articles of Dissolution have not been filed.



Jam Stupe

Jason Sterzer
Director
Division of Corporations and Commercial Code