

F1800004773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

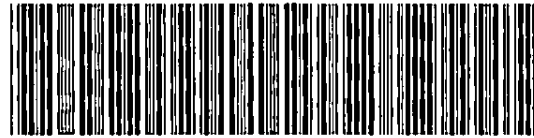
(Document Number)

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

Special Instructions to Filing Officer:

1118000087345

Office Use Only



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2018 SEP 24 PM 6:03 2018 OCT - 8 PM 1:22

OFFICE OF THE CLERK  
FALL RIVER, MASSACHUSETTS

D. BRUCE  
OCT 20 2018

10/17/2018

Florida Dept of State

Att: Debra Bruce

Fax :3 pages fax# 850-245-6030

Upraweb; Inc. Letter of good standing from Delaware

Thank you for all your help.

Have a great week. If you need any additional information please advise me.

Regards;

Robert J Levine

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2018 OCT - 8 PM 1: 22

STATE OF FLORIDA  
TALLAHASSEE, FL 32302

2018 OCT 17 AM 9: 10

STATE OF FLORIDA

10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2018

ROBERT LEVINE  
8618 LOGIA CIRCLE  
BOYNTON BEACH, FL 33472

SUBJECT: UPTRAWEB, INC.  
Ref. Number: W18000087345

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for UPTRAWEB, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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, duly 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 English 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.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 418A00020408

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UPTRAWEB, 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:

ROBERT LEVINE  
Name of Person

UPTRAWEB INC  
Firm/Company

8618 LOGIA CIRCLE  
Address

BOYNTON BEACH, FL 33472  
City/State and Zip code

BOB1313FL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA  
TALLAHASSEE

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For further information concerning this matter, please call:

ROBERT LEVINE at 305, 542-2725  
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.

1. UPTRAWEB, INC.  
(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. DELAWARE 3. 23-1935288  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-11-2018 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. 8 THE GREEN STE A DOVER, DE. 19901  
(Principal office address)

(Current mailing address, if different)

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

Name: ROBERT LEVINE

Office Address: 8618 LOGIA CIRCLE  
BOYNTON BEACH, Florida 33472  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Robert Levine  
(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: \_\_\_\_\_

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

\_\_\_\_\_

Director: \_\_\_\_\_

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

\_\_\_\_\_

**B. OFFICERS**

President: ROBERT LEVINE

Address: 8618 LOGIA CIRCLE

BOYNTON BEACH, FL. 33472

Vice President: ROBERT LEVINE

Address: 8618 LOGIA CIRCLE

BOYNTON BEACH, FL. 33472

Secretary: ROBERT LEVINE

Address: 8618 LOGIA CIRCLE BOYNTON BEACH, FL. 33472

Treasurer: ROBERT LEVINE

Address: 8618 LOGIA CIRCLE BOYNTON BEACH, FL. 33472

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**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. ROBERT LEVINE PRESIDENT

(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 "UPTRAWEB 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 SIXTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UPTRAWEB INC." WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2018.

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



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

7051314 8300

SR# 20187159727

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203618824

Date: 10-16-18