

F18000004773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

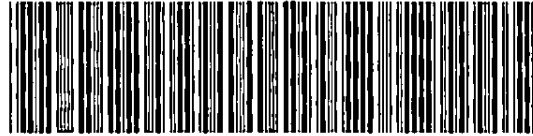
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1118000087345

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

FILED

DEPT. OF STATE
FALLS CHURCH, VIRGINIA

D. BRUCE
OCT 20 2018

10/17/2018

Florida Dept of State

Att: Debra Bruce

Fax :3 pages fax# 850-245-6030

Uptraweb; 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

FILED

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: UPTRAWE, INC.
Ref. Number: W18000087345

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for UPTRAWE, 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: UPTRAWER, 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
UPTRAWER 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)

2018 OCT - 8 PM 1:22
TALLAHASSEE, FLORIDA
FILED

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)

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 A. 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.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Page 1

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.



7051314 8300

SR# 20187159727

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203618824

Date: 10-16-18