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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO:	Registration Se Division of Co						
SUBJ	ECT: S.G.	A.T.W INC.					
5020		Name of corpora	tion -	must include suffix	·		
Dear S	ir or Madam:						
"Certif	ficate of Existent	tion by Foreign Corporation ce," or "Certificate of Good gn corporation to transact bu	Stand	ing" and check are sub			
Please	return all corres	pondence concerning this m	atter t	o the following:			
			am Di				
		Name	e of Pe	erson			
		Ditsk	y Stra	tegic			
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		1140 Avenue	of the	Americas, Floor 9			· . ~
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				l Zip code			•
		adam@	ditekv	strategic.com			•
		E-mail address: (to be u			notification)		
For fu	rther information	concerning this matter, plea	ase ca	11:		•	
A	dam Ditsky	at (<u>64</u> 6))380-6651			
	Name of Perso	on Area	Code	Daytime Telepl	hone Number	_	
	Registration So Division of Co Clifton Buildir	rporations ng c Center Circle		MAILING AN Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		
Enclos	sed is a check for	the following amount:					
5 70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	0	\$78.75 Filing Fee & Certified Copy	Sertificat Certified	e of Status &	ķ

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. S.G.A.T.W,	INC.			
		RPORATED," "C	OMPANY," "CORPORATION,"	
"Inc.," "Co.," "Cor	p," "Inc," "Co," or "Corp.")			
(If name unavailab	le in Florida, enter alternate cor	morate name ador	oted for the purpose of transacting be	usiness in Florida)
(II flame unavanao	ie ili Piorida, emer alternate coi	porate name adop	ned for the purpose of transacting of	usiness in Floriday
2. Delaware		3.	82-3859508	
(State or country	under the law of which it is inco	orporated)	(FEI number, if applic	able)
	2 2010	_		
· 	(2, 2018	5	(Date of duration, if other than	n nometual)
(Date o	f incorporation)		(Date of duration, if other than	ii perpetuar)
6.	Octber 12018			
<u></u>	(Date first transact		orida, if prior to registration)	
	(SEE SECTIONS 607.1	501 & 607.1502,	F.S., to determine penalty liability)	
7.	3493 Habersham Court	The Villages, FL	32163	
<i>1</i>			ffice address)	+ 2
		(=======	,	: - 1 -
				
	(0	Current mailing ac	ddress, if different)	
8. Name and street	address of Florida registered	i agent: (P.O. B	ox NOT acceptable)	1
Name:	Christina Rice		_	··
000 411	240241.1			ر
Office Address:	3493 Habersham Court	<u> </u>	_	
	The Villages		. Florida 32163	
	(City)		(Zip code)	
	` ',			
9. Registered agen				
			of process for the above stated c	
			t as registered agent and agree	
- -			tive to the proper and complete	performance of my
aunes, ana 1 am jai	mular with and accept the o	ouigations of m	y position as registered agent.	
		Pl. A	₽	
		Christina		_
		(Registered ager	nt'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: Christina Rice
Address:3492 Habersham Court
The Villages, FL 32163
Vice Chairman:
Address:
Director: Christina Rice
Address: 3492 Habersham Court
The Villages, Fl 32163
Director:
Address:
B. OFFICERS
President: Christina Rice
Address: 3492 Habersham Court
The Village, FL 32163
Vice President: Christina Rica
Address: 3492 Habersham Court
The Villages, FL 32163
Christian Pilan
Address:3492 Habersham Court_The Villages, FL 32163
Treasurer:Christina Rice
Address: 3492 Habersham Court The Villages, FL 32163
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Christina Rice
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. Christina Rice, President (Typed or printed name and capacity of person signing application)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S.G.A.T.W, 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 THIRD DAY OF OCTOBER, A.D. 2018.



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Authentication: 203545818

Date: 10-03-18