F18000004998

(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: TELEPHOSO THEY PAPET REND RAMISSIN TO FATO ! AS CEPTIFICATE DISPLAS IN THE ENDY ASAND. APPLICAND NAME MATCHE CONTIFICANT SOLAS INVITE 3: 48 PM

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporat	ons				
SUBJECT:		UGO Pros Inc.	UGO Pros Inc. Name of corporation - must include suffix			
		Name of corporat				
Dear S	Sir or Madam:					
"Certi	nclosed "Application by ficate of Existence," or referenced foreign corp	"Certificate of Good S	tanding"	and check are sub	ct Business in Florida," mitted to register the	
Please	return all corresponde	nce concerning this ma	tter to the	e following:		
Mark '	Watson					
		Name	of Person	1		
<u>UGO I</u>	Pros Inc.	Eimm (C	ompany			
		riiivC	ompany			
18409	Ponciana Ave	Ad	dress			
~. ·						
Clevel	and. OH 44135	City/Stat	e and Zip	code	<u> </u>	
m.wat	son@ugopros.com	•	•			
	E-	mail address: (to be use	d for fut	ure annual report i	notification)	
For fu	rther information conce	erning this matter, pleas	se call:			
Jason	Morgan Parrett	at (<u>216</u>)	972-2869		
	Name of Person	Area C	lode	Daytime Telep	hone Number	
	STREET/COURIED Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclos	sed is a check for the fo	llowing amount:				
□ \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified 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 LIGO Pros Inc.					
(Enter name of co	orporation; must include "INCORPORATE	D," "C	COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
			·		
(If name unavaila	able in Florida, enter alternate corporate nar	ne adoj	oted for the purpose of transacting bu	siness in Florida	1)
ОНІО 2.		3 81-	-3389930		
(State or countr	y under the law of which it is incorporated)	J	(FEI number, if applica	ible)	
6/2/2016					
4(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
(Date	or meorporation)		(Date of duration, if other diam	perperaury	
6					
	(Date first transacted busines		orida, if prior to registration) F.S., to determine penalty liability)		
18409 Poncianca	Ave, Cleveland, OH 44135		r.b., to determine penanty maonity;		
-					
	,	icipal c	ffice address)		
PO Box 100670,	Palm Bay, FL 32910				
	(Current ma	iling a	ddress, if different)	18	ئے۔ آب
				9 OC	
8. Name and stree	et address of Florida registered agent: (P.O. B	lox NOT acceptable)		
	Mark Watson			25	
Name:			_	77	
Office Address:	863 Emerosn Dr NE				
Office Address.	Palm Bay		- 32907	8: 01:	2;
			Florida	7	Ţ.
	(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. DIR	ECTORS	
Chairman	Mark Watson	
Address:	863 Emerosn Dr NE	
	Palm Bay, FL 32907	
Vice Cha	Jason Morgan Parrett irman:	
Address:	18409 Ponciana Ave	-
	Cleveland, OH 44135	
Director:	Tim Laws	
Address:	6103 Ely Vista Dr	
Addicss.	Parma, OH 44129	
Director:		
Addiess.		
B. OFF	TICERS	
President	:	3
Address:		00.
		25
Vice Pres	sident:	7
		8:
Secretary	r	
Address:		
Treasurer	r:	
Address:		
	If necessary, fou may attach in addendum to the application listing additional officers and/or di	rectors.
12	Signature of Director or Officer	
are true a third d	cer or director signing this document (and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of Slegree felony as provided for in s.817.155, F.S.	s stated herein State constitutes
13. <u>Mar</u>	rk Watson - CEO, Chairman, & Founder of UGO Pros Inc.	
	(Typed or printed name and capacity of person signing application)	

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show U'GO PROS INC., an Ohio corporation, Charter No. 2370839, having its principal location in Parma, County of Cuyahoga, was incorporated on February 25, 2015 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of September, A.D. 2018.

Ohio Secretary of State

Jon Hasted

Validation Number: 201824601292