

F19000004491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

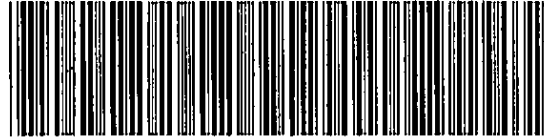
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/19--01040--025 **78.75

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2019 SEP 30 PM 2:39
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

D. BRUCE
OCT 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elutions Services, 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:

Jessica Collins

_____ Elutions, Inc.	_____ Name of Person
_____ 601 E Twiggs St.	_____ Firm/Company
_____ Tampa, FL 33602	_____ Address
_____ generalcounsel@elutions.com	_____ City/State and Zip code
_____ E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

_____ Krystin Kopen	_____ 813	_____ 841-8203
_____ Name of Person	_____ at () 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**

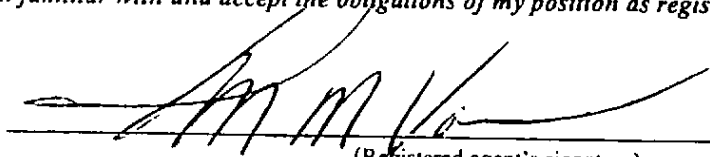
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Elutions Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. Delaware 3. 47-4367567
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 24, 2015 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. 601 E Twiggs St., Tampa, FL 33602
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Elutions, Inc.
Office Address: 601 E Twiggs St.
Tampa, Florida 33602
(City) (Zip code)

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CLERK OF THE COURT
TAMPA, 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.


(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: William Paul Doucas II

Address: 601 E Twiggs St.

Tampa, FL 33602

Director: Paul William Doucas III

Address: 601 E Twiggs St.

Tampa, FL 33602

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Christopher M. Voss, Director

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

ADDENDUM TO APPLICATION

Section 11.A. DIRECTORS

Director: Christopher M. Voss

Address: 601 E Twiggs St.

Tampa, FL 33602

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CLERK OF DISTRICT COURT
JANUARY 11, 2020

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ELUTIONS SERVICES, 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 TWENTY-SEVENTH DAY OF AUGUST, A.D.
2019.



5773004 8300

SR# 20196656631

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203480033

Date: 08-27-19