

F1900000474.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

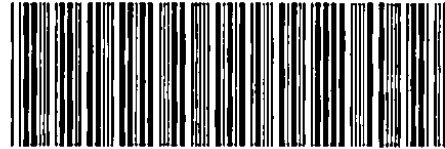
(Business Entity Name)

(Document Number)

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10/08/19--01019--001

D. BRUCE
OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Collegiate Developments Corp

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 above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mark Vaughan

Name of Person

CPA Partners LLC

Firm/Company

8200 113th St. Ste. 103

Address

Seminole, FL 33772

City/State and Zip code

Mark@cpapartnersLLC.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark E. Vaughan

727
at ()

398-2080 x108

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 TR
BUSINESS IN FLORIDA**

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

Collegiate Developments Corp

1. _____
(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

2. Delaware 3. 37-1831783
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/11/16 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/18
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 801 Brickell Ave Ste 2360 Miami FL 33131
(Principal office address)

(Current mailing address, if different)

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

Name: CPA Partners LLC

Office Address: 8200 113th Street Ste 103
Seminole, Florida 33772
(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 and designated in this application, I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relative to the proper and complete performance duties, and I am familiar with and accept the obligations of my position as registered agent.

Dennis Thomas, C.P.A.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this at the Department of State, by the Secretary of State or other official having custody of corporate records in the 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: Oskar Johansson

Address: 3 Bridgman Avenue Suite 101 Toronto, Ontario M5R 3V4 CANADA

Director: Bernard Luttmier

Address: 3 Bridgman Avenue Suite 101 Toronto, Ontario M5R 3V4 CANADA

B. OFFICERS

President: Bernard Luttmier

Address: 3 Bridgman Avenue Suite 101 Toronto, Ontario M5R 3V4 CANADA

Vice President: Oskar Johansson

Address: 3 Bridgman Avenue Suite 101 Toronto, Ontario M5R 3V4 CANADA

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 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. Oskar Johansson, Vice 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 "COLLEGIATE DEVELOPMENTS CORP." IS INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN EXISTENCE AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLEGIATE DEVELOPMENTS CORP." WAS INCORPORATED ON THE ELEVENTH DAY OF JULY A.D. 2016.

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




Jeffrey W. Bullock, Secretary of State

6092593 8300

SR# 20197345921

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

Authentication: 203

Date: 10/02/2019