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(Red	questor's Name)
Add)	dress)
(Add	tress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/12/2019		⇔ WALK	[N##
ENTITY NAME SAE INS	STITUTE GROUP, INC.		
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND RETURN		
	Plain Copy		
XXXX	Certified Copy Certificate of Status		
/	CLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY		
•	· 	71.0 K	
	Certified Copy of Arts & Amendments Certificate of Good Standing	. 12	; ·.
	APOSTILLE' / NOTARIAL CERTIFICATION	·· II: 25	
COUNTRY OF DESTINAT			
NUMBER OF CERTIFICAT	TES REQUESTED		
TOTAL OWED \$78.75	СНЕСК # 6826		
Please call Tina at th	e above number for any issues or concerns. Thank you	so much!	

COVER LETTER

	gistration S rision of Co	Section orporations					
SUBJECT	SAE IN	STITUTE GROUP.	INC.				
	·	Name	of corporati	on - mus	st include suffix		
Dear Sir or	Madam:						
"Certificate	of Existen	ation by Foreign Coce," or "Certificategn corporation to	e of Good St	anding"	and check are si	sact Business in Florida abmitted to register the	a," ;
Please return	n all corres	spondence concern	ing this mat	ter to the	following:		
~			Name c	f Persor			
United Corpo	mate Servic	es, Inc.	, wante c	11 01301	•		
			Firm/Co	mpany			
100 Street 8th	ı H			. ,			
	<u> </u>		Add	ress			F-3
Albany NY i	2207						22.9
			City/State	and Zip	code		
jocy kelley@	unitedcorpo						12
		E-mail address	: (to be used	for futt	ire annual report	notification)	 ?**
For further in	nformation	concerning this m	atter, please	call:			: <u></u> :
Joey Kelley			877		1-9049		55
Nan	ie of Perso	on.	at (Area Co) de	Daytime Telej	phone Number	
Regis Divis Clifto 2661 Talla	stration Se sion of Cor on Building Executive hassee, FL	rporations g Center Circle . 32301			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a	check for	the following amo	unt:				
⊐ \$70.00 Fil	ing Fee	S78.75 Filing Certificate of			5 Filing Fee & Ted Copy	□ \$87.50 Filing Fee Certificate of Sta 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.

SAE INSTITUTE GROUP, INC.

1		TE GROUP, INC.			
	"Inc.," "Co.," "	corporation; must include "INCORPORATED," Corp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION."		
	(If name unavai	lable in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Flo	rida)	
2.	Delaware	3	22-3530882		
4.	7/7/1007		,		
→. 6.		e of incorporation)	(Date of duration, if other than perpetual)	-	
7	14 NE 1st Ave S	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) te 602 Miami, FL 33132	lorida, if prior to registration) 2, F.S., to determine penalty liability)	•	
			office address)		
		(Current mailing	address, if different)	2019	
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) United Corporate Services, Inc.				7. T.	
റമ	Name: fice Address:	9200 S. Dadeland Blvd.,Stc.508		12	- •
0 11	nee Address.	Miami	33156 , Florida		
		(City)	(Zip code)	rs ch	

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.

Michael A Barr, President
(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	
Chairmar		_
Address:		
		_
Vice Cha	irman:	_
Director:	Scott Jones	
	14 NE 1st Ave Ste 602 Miami, FL 33132	
Director:	Michael Bottrill	_
	14 NE 1st Ave Ste 602 Miami, FL 33132	
B. OFF		_
President:	Scott Jones	
	14 NE 1st Ave Ste 602 Miami, FL 33132	_
	22 9 9 84ent:	
	· 	-
	N-	_
Secretary:	, , , , , , , , , , , , , , , , , , ,	
Address:	්ට CJ	_
Treasurer:	Michael Bottrill	
Address:	14 NE 1st Ave Ste 602 Miami, FL 33132	_
NOTE: 1	f necessary from a stract an addendum to the application listing additional officers and/or directors.	
12.	Soft Soft Soft Soft Soft Soft Soft Soft	
The office	Signature of Director or Officer r or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein	
are true ar	d that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.	
13. 17	Michael Botty 11. TPIAS	
	(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 "SAE INSTITUTE GROUP, 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 TWELFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAE INSTITUTE GROUP, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JULY, A.D. 1997.

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

2019 NC / 12 / 111: 25

Authentication: 203982956

Date: 11-12-19

2770235 8300 SR# 20198030018