## F2000001249

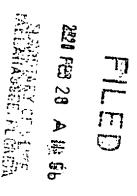
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





900341214199

82/28/28--81012--824 ★★78.00



HAR 7 /

## **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	TeamPalmer Inc.			
3003201.		corporation - m	ust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of feed foreign corporation to tran	f Good Standing	" and check are submi	
Please return	all correspondence concerning	g this matter to t	he following:	
Chelsey Palme	er			
-		Name of Pers	on	
TeamPalmer I	nc.			
		Firm/Compan	y	•
3684 Oak Stre	et			
		Address		
Jacksonville, I	FL 32205			
		City/State and Z	ip code	
chelseyapalme	er@gmail.com			
	E-mail address: (	(to be used for f	iture annual report not	ification)
For further in	formation concerning this mat	ter, please call:		
Chelsey Palme	er ar	407	864-2606	
Nam	e of Person	Area Code	Daytime Telephor	ne Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	check for the following amouncek payable to: FLORIDA DEFing Fee S78.75 Filing Certificate of	PARTMENT OF Fee &		<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## 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.

Delaware		opied for the purpose of transactin	g business in Florida)
	3.		
(State or count	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
4/11/2019	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration) 2, F.S., to determine penalty liabili	ty)
3684 Oak Street.	Jacksonville FL 32205		
_	(Principal office	street address)	
	(Current mailing	address, if different)	
			<del>-</del>
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
			L: . —
Name:	Chelsey Palmer	<u> </u>	200 B
	3684 Oak Street		ZEN FEB 2
	3684 Oak Street		2 <b>8</b>
	3684 Oak Street Jacksonville		2 <b>8</b> A
Name: ffice Address:	3684 Oak Street	Florida <u>32205</u> (Zip code)	28 A HE
fice Address:  Registered ag	Jacksonville  (City)  ent's acceptance:	(Zip code)	28 A HE 56
Tice Address:  Registered ag	Jacksonville  (City)  ent's acceptance:  ied as registered agent and to accept service	(Zip code)  of process for the above states	28 A H 56 It corporation at the p
Tice Address:  Registered ag  aving been nan  signated in this  rther agree to c	Jacksonville  (City)  ent's acceptance:	(Zip code)  of process for the above stated  nt as registered agent and agre  ative to the proper and comple	Corporation at the per to act in this capac

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.

## A. DIRECTORS Chelsey Palmer ☐ Chairman Name: \_\_\_\_\_ □Chairman 3684 Oak Street Address: □Vice Chairman Address: □Vice Chairman Jacksonville, FL 32205 □Director □Director □ President ■ President □ Vice President \_\_\_\_\_ □Vice President ☐ Treasurer □Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □Chairman □ Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_\_ □Director □ Director □ President □President ☐ Vice President \_\_\_\_ □Vice President □ Treasurer □Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_\_ □ Chairman □ Chairman □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: □ Director Director □President □ President □ Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Chelsey Palmer



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "TEAMPALMER INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE ELEVENTH DAY OF APRIL,

A.D. 2019, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

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



Authentication: 202414113

Date: 02-19-20