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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
HASSEE H 0910

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APR 28 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UTS, 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:

DA

Name of Person

UTS, Inc

Firm/Company

PO BOX 36342

Address

Cincinnati, OH 45236

City/State and Zip code

da@utscompany.com

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

For further information concerning this matter, please call:

John

at (513) 332-9000

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. UTS, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

UTS of WV

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WV 3. 46-3652450
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/3/2013 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. none
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5 Fairview Blvd, Ft Myers Beach FL 33931
(Principal office street address)

PO BOX 36342, Cincinnati, OH 45236
(Current mailing address, if different)

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

Name: Spitfire Management LLC

Office Address: 7944 Estero Blvd

Ft Myers, Florida 33931
(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.

Spitfire Management LLC By [Signature]
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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2028 APR 24 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: _____

☐ Vice Chairman Address: 7240 OHIO AVE

☐ Director CINCINNATI OH 45236

☒ President John Brock

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

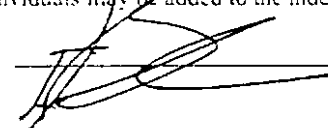
☐ President _____

☐ Vice President _____

☐ 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.

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 § 817.155, F.S.

13. John Brock, President
(Typed or printed name and capacity of person signing application)

FILED
2020 APR 24 PM 2:53
CLERK OF STATE
400 S. GLENN ST.
TALLAHASSEE, FL 32399



Certificate

*I, Mac Warner, Secretary of State of the State of
West Virginia, hereby certify that*

UTS, INC

was incorporated under the laws of West Virginia and a Certificate of Incorporation
was issued by the West Virginia Secretary of State's Office on December 03, 2013.

I further certify that the corporation has not been revoked or administratively dissolved
by the State of West Virginia nor has the West Virginia Secretary of State issued a
Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this Certificate of Existence

CERTIFICATE OF EXISTENCE

Validation ID:5WV2F_54NCN

*Given under my hand and the
Great Seal of the State of
West Virginia on this day of*

March 30, 2020



Mac Warner

Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2020

JOHN BROCK
UTS, INC
PO BOX 36342
CINCINNATI, OH 45236

SUBJECT: UTS, INC
Ref. Number: W20000036567

We have received your document for UTS, INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list an address for the President John Brock.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 820A00007721

RECEIVED

APR 24 2020