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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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FOREIGN PROFIT/NONPROFIT CORPORATION

Aclaro Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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.	Aclaro Inc		
	(Enter name of co "Inc.," "Co.," "Co	reporation; must include "INCORPORATED," 'rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
	(If name unavaila	ble in Florida, enter alternate corporate name ac	opted for the purpose of transacting business in Florida)
,	Delaware	3.	· · · · · · · · · · · · · · · · · · ·
٠.	(State or country	3	(FEI number, if applicable)
1	1/31/2018		
₹.	(Date	of incorporation)	(Date of duration, if other than perpetual)
6.			
U.		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2. F.S., to determine penalty liability)
_	7001 4th St N ST	E 300 St. Petersburg FL 33702	, , , , , , , , , , , , , , , , , , ,
7.	7301 461 3(14 3)	(Principa	office address)
	- <u></u>	(Current mailing	address, if different)
8.	Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)
	Name:	Northwest Registered Agent LLC	<u></u>
O	ffice Address:	7901 4th St N STE 300	<u></u>
Ī		St. Petersburg	Florida 33702
		(City)	, Florida <u>33702</u> (Zip code)
h d	laving been nan esignated in this arther agree to c	s application, I hereby accept the appoints comply with the provisions of all statutes r familiar with and accept the obligations of	
	•	on Glove	orthwest Registered Agent LLC om Glover - Assistant Secretary
			OIL GIOAGL - Vegranglir secretary

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.

(Registered agent's signature)

11. Name	es and business addresses of officers and/or directors:
A. DIRE	CTORS
Chairman:	
Address:	
Vice Chair	man;
Address:	
Director:	Alicia Galarce
Address:	7901 4th St N STE 300
	St. Petersburg FL 33702
Director:	Carlos Galarce
	7901 4th St N STE 300
Addiess.	St. Petersburg FL 33702
B. OFF	
	Carlos Galarce
	7801 4th St N STE 300
Address:	St. Petersburg FL 33702
	ident:
Address:	
Secretary	Alicia Galarce
Address:	7901 4th St N STE 300 St. Petersburg FL 33702
Treasurer	Allicia Galarce
Address:	7901 4th St N STE 300 St. Petersburg FL 33702
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Signature of Director or Officer
are true	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes legree felony as provided for in s.817.155, F.S. CALLY GALANCE / ROLL ALLY C.

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ACLARO 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 FIFTH DAY OF MAY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACLARO INC" WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2018.

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

N corp delaware gov/aut

Authentication: 202880635

Date: 05-05-20

6735233 8300 SR# 20203470531