

(Red	questor's Name)	
(Add	lress)	<u>-</u>
(Add	dress)	
(City	//State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



900343411659

04/21/20--01013--008 **70.00

06/15/20--01017--002 **150.00

7020 (*) 1-9 (1112: 27

T GLASS JUN 15 2020 We have received your document for SYH INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

The designation of the registered agent must be at a Florida street address.

PLEASE LIST COMPLETE PRINCIPAL ADDRESS AND ADD A SUFFIX TO THE ALTERNATE NAME SYH UTAH.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tacarri K Glass Regulatory Specialist II

April 27, 2020

COREY JONES 380 S 900 W

PROVO, UT 84601 US

SUBJECT: SYH INC

Letter Number: 020A00008632

RECEIVED JUN 9 2020

www.sunbiz.org

TO: Registration Section Division of Corporations SUBJECT: SYH INC Name of corporation - must include suffix Dear Sir or Madam:	
Name of corporation - must include suffix	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flori "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register that above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
COREY JONES	
Name of Person	
SYHINC	
Firm/Company	
380 S 900 W	
Address	
PROVO, UT 84601	2
City/State and Zip code	2
TONY@WTAPEO.COM	•
E-mail address: (to be used for future annual report notification)	-
For further information appearaing this metter, places calls	- •
For further information concerning this matter, please call:	55 55
TONY PARRY ,801 ,2706853	12: 27
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 \$\Bigcup \$78.75 Filing Fee & \$\Bigcup \$87.50 Filing Fee	Fee.

Certificate of Status Certified Conv Certificate of Status &

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.

SYH INC				
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
SYH UTAH				
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busin	ess in Florida)	
UTAH	nder the law of which it is incorporated) 3. 45-2852095 (FEI number, if applicable)			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	:)	
08/02/2011	5.			
(Date	02/2011 5. (Date of incorporation) (Date of duration, if other the			
09/30/2019				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
371 S Coconut Pa	alm Blvd W	22, 110., to determine penanty habitity;		
	(Principal offic	e <u>street</u> address)		
5296 S COMME	RCE DR STE 205, MURRAY, UT 84107		20	
	(Current mailing	address, if different)	- <u> </u>	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	5	
Name:	TONY PARRY		· 1	
ffice Address:	371 S Coconut Palm Blvd		12: 5.	
rrice Address:	TAVERNIER	33070	.\.\ .\.\	
	LAVERNIER			
	(City)	, Florida (Zip code)		

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								
□ Chairman	Name: COREY JONES	Chairman	Name;					
□Vice Chairman	380 S 900 W Address:	□Vice Chairman	Address:					
Director	PROVO, UT 84601	□Director						
President		□President						
□Vice President		□Vice President						
□Secretary	☐Treasurer	□Secretary		□Treasurer				
□Other	□Other	□Other		□Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	Treasurer	□Secretary		□Treasurer				
□Other	(Other	□Other		□Other				
□Chairman	Name:	□Chairman	Name:	20 20 1				
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>				
Director		□Director						
□President		□President		<u>~~~</u>				
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary		□Treasurer				
□Other		□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 of								

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. COREY JONES



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

04/15/2020 8061614-014204152020-157958

CERTIFICATE OF EXISTENCE

Registration Number: 8061614-0142 **Business Name:** SYH, INC

Registered Date: August 02, 2011 **Entity Type:** Corporation - Domestic - Profit

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Eyon Stupe

Jason Sterzer
Director

Division of Corporations and Commercial Code