

F200000003265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

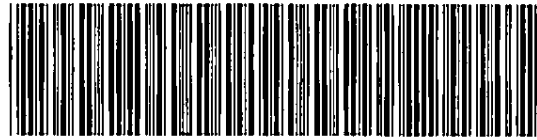
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
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9/4/20 ✓

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Octanium Corporation

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:

Michael Harvey

Name of Person	2020 AUG 17 PM 2:24
Octanium	
Firm/Company	
PO Box 195364	
Address	
Winter Springs FL 32749	
City/State and Zip code	
Team@octanium.io	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Michael Harvey at (321) 295-4471  
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. Octanium Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Washington 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/21/2018 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 150 Bear Springs Dr Unit 327 WinterSprings FL 32708  
(Principal office street address)

PO Box 195364 winter Springs FL 32719  
(Current mailing address, if different)

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


Name: Registered Agents Inc.

Office Address: 7901 4th St N, STE 300St.

Petersburg , Florida 33702  
(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.*



(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]:



# A. DIRECTORS

☐Chairman Name: Michael Harvey  
☐Vice Chairman Address: 150 Bear Springs Dr  
☐Director Unit 327  
☒President Winter Springs, FL 32708  
☐Vice President  
☐Secretary ☐Treasurer  
☐Other ☐Other

☐Chairman Name:  
☐Vice Chairman Address:  
☐Director  
☐President  
☐Vice President  
☐Secretary ☐Treasurer  
☐Other ☐Other

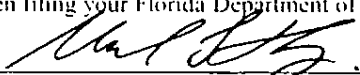
☐Chairman Name:  
☐Vice Chairman Address:  
☐Director  
☐President  
☐Vice President  
☐Secretary ☐Treasurer  
☐Other ☐Other

☐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 s.817.155, F.S.

13. Michael Harvey  
(Typed or printed name and capacity of person signing application)