

F20000004112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

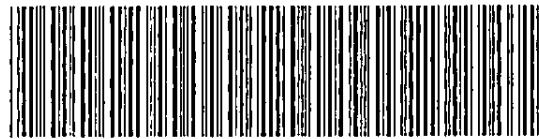
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 22 PM 10:11

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9/23/20



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **September 22, 2020**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1267089**

Entity Name: **BEAT THE STREET U S A, INC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$70.00**

Signature: _____

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**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. Beat the Street U S A, Inc
(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. Tennessee 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 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. 17496 Bldg. 6 West Colonial Drive, Winter Garden, FL 34787
(Principal office address)
424 Church Street, Suite 2700, Nashville, TN 37219
(Current mailing address, if different)

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

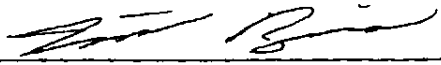
Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(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.

2020
22
11:10:51

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____ Timothy Fortnam-King

Address: _____ 17496 Bldg. 6 West Colonial Drive, Winter Garden, FL 34787

Director: _____ Joerg Philipp

Address: _____ 17496 Bldg. 6 West Colonial Drive, Winter Garden, FL 34787

B. OFFICERS

President: _____ Joerg Philipp

Address: _____ 17496 Bldg. 6 West Colonial Drive, Winter Garden, FL 34787

Vice President: _____

Address: _____

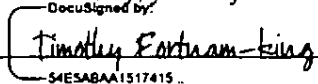
Secretary: _____ Timothy Fortnam-King

Address: _____ 17496 Bldg. 6 West Colonial Drive, Winter Garden, FL 34787

Treasurer: _____ Timothy Fortnam-King

Address: _____ 17496 Bldg. 6 West Colonial Drive, Winter Garden, FL 34787

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. _____ Timothy Fortnam-King _____ Director

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

A. DIRECTORS

☐ Chairman Name: David Littlewood
☐ Vice Chairman Address: 600 Summer Street
☒ Director Suite 402
☐ President Stamford, CT 06901
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Robert K. Tuite
☐ Vice Chairman Address: 600 Summer Street
☐ Director Suite 402
☐ President Stamford, CT 06901
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

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

☐ Chairman Name: Evan N. Gerhard
☐ Vice Chairman Address: 600 Summer Street
☒ Director Suite 402
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Carl E. Stetz
☐ Vice Chairman Address: 600 Summer Street
☐ Director Suite 402
☐ President Stamford, CT 06901
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other CCO/Counsel ☐ 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]
 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. David Littlewood, Director and Chief Executive Officer
 (Typed or printed name and capacity of person signing application)



**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Tre Hargett
Secretary of State

JONATHAN BEENICK
JOHN CELATKA
SUITE 201
850 NEW BURTON ROAD
DOVER, DE 19904

September 21, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0382538

Issuance Date: 09/21/2020
Copies Requested: 1

Document Receipt

Receipt # : 005796659 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3789401192 \$20.00

Regarding:	Beat the Street U S A, Inc	Control # :	1012381
Filing Type:	For-profit Corporation - Domestic	Date Formed:	03/01/2019
Formation/Qualification Date:	02/19/2019	Formation Locale:	TENNESSEE
Status:	Active	Inactive Date:	
Duration Term:	Perpetual		
Business County:	WILSON COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Beat the Street U S A, Inc

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.


Tre Hargett
Secretary of State

Processed By: Cert Web User

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