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## **COVER LETTER**

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TO: Registration Section Division of Corporations	v
SUBJECT: VRTUL Inc	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Staabove referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matte	er to the following:
Casey Sapp	-
Name o	f Person
VRTUL Inc	
Firm/Co	mpany
555 80th Avenue N	
Add	ress
St. Petersburg, FL 33702	
City/State	and Zip code
CASEY@VRTUL.CO	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Casey Sapp at (407	718-9156
Name of Person Area Coo	de 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 Tallahassec, FL 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT  \$\Boxed{\text{S}}\$ \$70.00 Filing Fee \$\Boxed{\text{C}}\$ \$78.75 Filing Fee \$\Boxed{\text{C}}\$ Certificate of Status	T OF STATE  ☐ \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
Delaware	3.	47-4332293 (FEI number, if applicable)		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
June 12, 2015	5.	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
N/A				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
555 80th Avenue	N, St. Petersburg, FL 33702			
<del></del>		ice street address)		
		D. D. NOT.		
Name and stree	et address of Florida registered agent: (P.C Casey Sapp			
Name:	Casey Sapp			
Name:	Casey Sapp			
Name:	Casey Sapp			
Name: Office Address:	Casey Sapp			
Name:  ffice Address:  Registered againg been name	Casey Sapp			
Name:  ffice Address:  Registered aglaving been namesignated in this	Casey Sapp  555 80th Avenue N  St. Petersburg  (City)  ent's acceptance:  seed as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes in	Florida 33702 (Zip code) (Zip cod		
Name: Office Address: Registered aglaving been namesignated in this	Casey Sapp  555 80th Avenue N  St. Petersburg  (City)  ent's acceptance:  led as registered agent and to accept serve application, I hereby accept the appoints	Florida 33702 (Zip code) (Zip cod		
Name: Office Address:  O. Registered ag: Having been name	Casey Sapp			

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

under the law of which it is incorporated.

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

Casey Sapp    555 80th Avenue N     Petersburg, FL 33702     Treasurer     Other	□ Vice Chairman □ Director □ President □ Vice President □ Secretary		☐Treasurer
Petersburg, FL 33702  Treasurer  Other	☐ Director ☐ President ☐ Vice President ☐ Secretary		□Treasurer
■Treasurer	<ul><li>□ President</li><li>□ Vice President</li><li>□ Secretary</li></ul>		☐Treasurer
☐Treasurer ☐Other	Secretary		□Treasurer
	·		
	Other		Other
ne:			
****	Chairman	Name:	
dress:	□ Vice Chairman	Address:	
	Director		
	□President		
	□Vice President		
□Treasurer	Secretary		□Treasurer
Other	Other		Other
me:	Chairman	Name:	
dress:	□Vice Chairman	Address:	·· <del>···</del>
	Director		
	□ President		
			□Treasurer
	□Treasurer □Other me:dress:	□ Director □ President □ Vice President □ Secretary □ Other □ Other □ Chairman □ Vice Chairman	□ Director □ President □ Vice President □ Secretary □ Other □ Other □ Chairman Name: □ Vice Chairman Address: □ Vice Cha

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VRTUL 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 TWENTY-FOURTH DAY OF SEPTEMBER, 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 "VRTUL INC" WAS INCORPORATED ON THE TWELFTH DAY OF JUNE, A.D. 2015.

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



Authentication: 203727744

Date: 09-24-20