Page 1 of 2



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(((H20000355828 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVASD BUSINESS SERVICES FINC

Account Number : 120080000045 Phone

: (302)645-7400 Fax Number : (302)645-1280

\*\*Bater the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address;

dpettigrew@olivertrotter.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

Oliver Trotter Inc.

Certificate of Status	0
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October 14, 2020

#### FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: OLIVER TROTTER INC.

REF: W20000118499

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Yvette Scott Document Specialist II FAX Aud. #: H20000355828 Letter Number: 220A00020295 (((H20000355828 3)))

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FÖLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavaila	ble in Florida, enter alternate corp	norate name adopt	ed for the purpose of transacting b	nusiness in Florida)
Delaware	rc		83-2041395	
(State or country 04/14/20)	under the law of which it is incor			
	of incorporation)	<u> </u>	(Date of duration, if other tha	n perpetual)
10/1/2020				
· <u>., . , , . , . , . , . , . , . , .</u>			da, if prior to registration) .S., to determine penalty liability)	22231
110 Sea Steppes C	Court Jupiter, FL 33477		,	<u> </u>
· · · · · · · · · · · · · · · · · · ·		rincipal office <u>str</u>	<u>eet</u> address)	15 F
	(Co	urrent mailing add	ress, (f different)	
Name and strait	t addrage of Florida rouistared	acent: (P.O. Ro	v. NOT accentable)	
. Name and <u>stree</u> Name:	t <u>address</u> of Florida registered i Debor	agent: (P.O. Bo ah Pettigrew	x <u>NOT</u> acceptable)	TOWNER TO THE
			x <u>NOT</u> acceptable)	ONLY TO
Name:	Debor	rah Pettigrew		Carlos Es
Name:	Debor 110 Sea Steppes Court	rah Pettigrew	x <u>NOT</u> acceptable)  . Florida 33477  (Zip code)	CALLED STATES
Name:  Office Address:  Registered age Having been name lesignated in this further agree to co	Deboration 110 Sea Steppes Court  Jupiter  (City)  Int's acceptance:  Led as registered agent and to a application. I hereby accept the outly with the provisions of accept the obligation.	rah Pettigrew accept service of the appointment If statutes relatio	. Florida 33477 (Zip code) process for the above stated cas registered agent and agree we to the proper and complete	orporation at the place to act in this capacity.

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]:

### (((H20000355828 3)))

A. DIRECTORS				
<b>C</b> hairman	Name:	□Chairman	Name:	
■ Vice Chairman	Address:	□Vice Chairman	Address:	
_Director	Jupiter, FL 33477	□ Director		<u>,</u>
#President		□President		
⊒Vice President		□ Vice President		
⊡Secretary	☐ Freasurer	□ Secretary		☐Treasurer
□Other	□Other	[]Other		[]Other
	Paris Kain	1		
∐('hairman	Paris Kain Name:	□Chairmao	Nume:	<u></u>
□Vice Chairman	Address: 2700 N. Miami Ave, #206	⊡Vice Chairman	Address:	
□Director	Miami, FL. 33127	Director		, Liai
⊇President		□President		
<b>≡</b> Vice President		□Vice President		<u>کی ترکی</u> این برکیا
■ Secretary	■ Treasurer	### Secretary		[] Treasurer
∐Other		∐Other		DOther
□Chairman	Name:	□Chairman	Name:	·
⊡Vice Chairman	Address:	El Vice Chairman	Address:	
□Director		Director		
⊡President		□President		
⊒Vice President		□Vice President		
\(\sum_\) Secretary	Treasurer	□Secretary		☐ Freasurer
□Other		ÜOther		<b>□</b> Other
Important Notice:	Use an attachment to report more than six (6). The be added to the index when filing your Florida Depa	attachment will be image rtment of State Annual R	ed for reporting eport form.	g purposes only. Non-indexed

The officer or director signing this document (and who is listed in number 11 above) aftirms 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 \$8817.155, F.S.

Deborah Pettigrew - Chairman, Vice Chairman, and President

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

(((H200003558283)))

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "OLIVER TROTTER 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 THIRTEENTH DAY OF OCTOBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLIVER TROTTER INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF APRIL, A:D: 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXE
HAVE BEEN ASSESSED TO DATE.

SR# 20207786829

7938353 8300

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bulleck, Sectrolory of State

Authentication: 203847638

Date: 10-13-20