

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



400354600014

11/13/20--01013--021 **87.50



COVER LETTER

| FO: Registration Section Division of Corporations | | | |
|--|----------------------|--|--|
| SUBJECT: SR SUCCESSOR, INC. | | | |
| Name of c | orporation - must i | nclude suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corpo 'Certificate of Existence," or "Certificate of above referenced foreign corporation to trans | Good Standing" ar | nd check are submitted | |
| Please return all correspondence concerning | this matter to the f | ollowing: | |
| CARL GOLDSTEIN | | | |
| | Name of Person | | |
| S & G LLC | | | |
| | Firm/Company | | |
| 100 FRONT STREET 16TH FLOOR | - unz company | | |
| | Address | | |
| WORCESTER, MA 01608 | l i | | |
| C | ity/State and Zip c | ode | |
| CARLG@SGLLP.COM | | | |
| E-mail address: (to | be used for future | e annual report notific | ation) |
| For further information concerning this matte | er, please call: | | |
| CARL GOLDSTEIN | 508 757- | 08 757-3311 | |
| Name of Person | | 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 DEPA \$70.00 Filing Fee Certificate of St | RTMENT OF STA | | \$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. SR SUCCESSOR, INC. 1 (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) (State or country under the law of which it is incorporated) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 403 SPYGLASS LANE VERO BEACH (Principal office street address) PO BOX 643451 VERO BEACH 32964 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **GORDON RUSSELL** Name: **403 SPYGLASS LANE** Office Address: VERO BEACH (City) 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)

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

| A. DIRECTORS | · · | | | | | | |
|---|---|-----------------|--|-------------------------|--|--|--|
| □Chairman | Name: GORDON RUSSELL | □Chairman | Name: | | | | |
| □Vice Chairman | Address: 403 SPYGLASS LANE | □Vice Chairman | | | | | |
| Director | VERO BEACH, FL 32963 | Director | | | | | |
| President | | President | | | | | |
| ■Vice President | | □Vice President | | | | | |
| Secretary | ■ Treasurer | Secretary | | □Treasurer | | | |
| Other | | □Other | | □Other | | | |
| Chairman | Name: | Chairman | Name: | | | | |
| □Vice Chairman | Address: | □ Vice Chairman | Address: | ··· <u></u> | | | |
| □Director | | Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| ☐ Secretary | □Treasurer | ☐ Secretary | ا | □Treasurer | | | |
| □Other | Other | □Other | <u>. </u> | Other | | | |
| □Chairman | Name: | Chairman | Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| □Director | | Director | | | | | |
| □President | <u> </u> | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □Secretary | □Treasurer | Secretary | I | □Treasurer | | | |
| Other | Other | □Other | | Other | | | |
| | Use an attachment to report more than six (6). The attended to the index when I ling your Florida Departs | | | ooses only. Non-indexed | | | |
| 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 | | | | | | | |

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.

GORDON RUSSELL, PRESIDENT

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SR SUCCESSOR, 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 SECOND DAY OF NOVEMBER, 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 "SR SUCCESSOR, INC." WAS INCORPORATED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2013.

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

ALANIE DE LA CONTROL DE LA CON

Authentication: 203993103

Date: 11-02-20

5368812 8300 SR# 20208178486