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## Incorporating Services, Ltd.

1100 H Street N.W., Suite 840 Wasħington. DC 20005 202.386.7575 - 877.531.1131

Fax: 202.386.7552 www.incserv.com

e-mail: accounting@incserv.com

# incserv

### ORDER FORM

**TO** Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

FROM

Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 12/1/2020

850-245-6051

**PRIORITY** Same Day

OUR REF # (Order ID#) 873439

ORDER ENTITY

WE ARE THEO INC.

<del></del>	_	•
PLEASE PERFORM THE FOLLOWING SERVICES:		
WE ARE THEO INC. (FL)		

File the attached foreign qualification document and provide a certified copy.

<del></del>						
NOTES:	_	~		-		
\$78.75 Authorized						

Email address for annual report reminders: radiv@incserv.com

## **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, December 1, 2020 Page 1 of 1

# 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,

We are Theo, In	<ul> <li>c.</li> <li>orporation: must include "INCORPORATED,"</li> </ul>	WOMBANY S CORPORTIONS	
	orporation; must include "INCORPORATED." orp," "Inc." "Co." or "Corp."}	"COMPANY, "CORPORATION,	
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Flori	da)
Delaware	3.	85-4042516	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
11/23/2020	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in	Florida, if prior to registration)	
		02, F.S., to determine penalty liability)	
200 Biscayne Bly	rd Way #4310, Miami, FL 33131		
	(Principal offic	e street address)	—
	(Current mailing	g address, if different) ≥ $\wp_1$ \(\simega_2	<u></u>
	`		3
. Name and stree	st address of Florida registered agent: (P.O	g address, if different)  A SECRATE  A POT (A POT)  Box (NOT) acceptable)	) 1
	Incorporating Services LTD.	12	
Name:	meorporating Services 1715.	<u> </u>	
ffice Address:	1540 Glenway Dr.	. 유한 <b>모</b>	Ì
	Tallahassee		,
		, Florida 🐱	
	(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.

Melisse Grant (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.

#### DocuSign Envelope ID: 6C898F57-41E1-4C1A-9A4B-C78978932F63

A. DIRECTORS							
□Chairman	Name: Sandra Neumann	□Chairman	Name:				
□Vice Chairman	Address: 200 Biscayne Blvd Way #4310	□Vice Chairman	Address:				
Director	Miami, Florida 33131	□Director					
■ President		□President					
□Vice President		□Vice President					
■ Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other CEO	☐Other CFO	□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	□Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	□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. SANORA NEUMANN  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.

, Sandra Neumann, President and CEO



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

DELAWARE, DO HEREBY CERTIFY "WE ARE THEO, 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 FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WE ARE THEO,

INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D.

2020.

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

Authentication: 204194537

Date: 12-01-20