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20/5/19/2

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sidyum, Inc.			
	corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign CorporCertificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standi	ng" and check are submit	
Please return all correspondence concerning	this matter to	the following:	
Clyde Willabus			
	Name of Po	erson	
Sidyum, Inc.			
	Firm/Comp	any	
66 West Flagler Street Suite 900			
	Addres	S	
Miami, FL 33130			
(City/State and	l Zip code	
clyde.willabus@sidyum.com			fication)
E-mail address: (t	to be used for	future annual report noti	fication)
For further information concerning this matter	er, please cal	1:	-1
Clyde Willabus	(813	431-1000	ဏ္
Name of Person	Area Code	Daytime Telephon	ne 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 amoun Please make check payable to: FLORIDA DEPA From \$70.00 Filing Fee	ARTMENT (☐ \$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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION	I."
If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)
Delaware	3.	85-3649501	
(State or country	y under the law of which it is incorporated)	(FEI number, if app	olicable)
10/21/2020			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
N/A			
		in Florida, if prior to registration) 502, F.S., to determine penalty liabilit	
251 Little Falls	Drive, Wilmington, New Castle County DE	• •	у)
		fice street address)	<u> </u>
66 West Flavler	Street, Suite 900 Miami, FL 33130	nce street address)	
		ng address, if different)	
	(Guirent main	ng address, ir different)	
Name and stree	t address of Florida registered agent: (P.	O Box NOT acceptable)	
	Clyde Willabus	<u></u> 2000/140/0)	
Name:			113
ice Address:	66 West Flagler Street Suite 900		监
	Miami	Florida 33130	1
	(City)	(Zip code)	<u>:</u> :
	nt's acceptance: ed as registered agent and to accept serv	ive of proper for the above stated	on Laurence at the
	application, I hereby accept the appoint		
ther agree to co	omply with the provisions of all statutes	relative to the proper and complete	
l I am familiar	with and accept the obligations of my po	osition as registered agent.	
	$\mathcal{M}\mathcal{A}$		
	(M) WX		
	(Registered agent's 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 Clyde Willabus Name: __ Name: □ Chairman □ Chairman 66 West Flagler Street ☐ Vice Chairman □ Vice Chairman Address: Address: _____ Suite 900 □ Director □Director Miami, FL 33130 ■ 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 Name: □ Chairman □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: ___ □ Director □ Director □President က □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 fining your Florida Department of State Annual Report form. 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. Clyde Willabus President



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

DELAWARE, DO HEREBY CERTIFY "SIDYUM, 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 "SIDYUM, INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2020.

7.48 4 L- 3147



Authentication: 204191216

Date: 12-01-20