F21000002994

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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FALLAHASSEP FINAIS,

55/3/21

COVER LETTER

TO: Registration Section Division of Corporations		
	Ta/	
Name of cor	Tnc. rporation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corpora "Certificate of Existence," or "Certificate of G above referenced foreign corporation to transaction to transac	ood Standing" and check are submitted to reg	
Please return all correspondence concerning th	is matter to the following:	
Benjamin B. H.	nckleiz	
	Name of Person	
Votne	irm/Company	2021 SE
	irm/Company	*** *
1760 (Address Fl 33414 y/State and Zip code	2021 HAY 24 SEURE ARE
	Address	
us olling	ton F1 33414	
Cit	y/State and Zip code	
Be	be used for future annual report notification)	•
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter.	, please call:	
Benjamin Hinckley at (617, 285 5638	
Name of Person /	Area Code Daytime Telephone Numbe	r
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 DEPAH \$70.00 Filing Fee \$78.75 Filing Fee Certificate of Sta	e & 🔲 \$78.75 Filing Fee & 🔲 \$87.50 itus — Certified Copy — Certifi	Filing Fee, icate of Status & icd 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.

	yot me	, Inc.	OMPANY," "CORPORATION,"	
(Enter name of cor "Inc.," "Co.," "Cor	poration: must include "INCOR p." "Inc." "Co." or "Corp.")	PORATED," "C	OMPANY," "CORPORATION,"	
(If name unavailab	le in Florida, enter alternate corp	oorate name adop	ted for the purpose of transacting busing	ness in Florida)
Pela	, ware	3	47-3674613	
(State or country	under the law of which it is inco	rporated)	47-367 4613 (FEI number, if applicable)	
03	125/2015	5.		
(Date o	f incorporation)		(Date of duration, if other than perpetual)	
	01/01/202)		
	(Date first transacte (SEE SECTIONS 607.15	d business in Flo 101 & 607,1502, I	rida, if prior to registration) 2.S., to determine penalty liability)	,
	176	0 (OY.	sica pr.	
		Principal office st		7 A 2
	welli	nater, F	7 33414 dress, if different)	
	(Cı	urrent mailing add	dress, if different)	\$2: 12
	address of Florida registered	_		Service To
Name:	Benjamin H	inckley		PM 8: 17
Office Address:	1760 (010	ica Vr	<u>.</u>	1.7 D/s
	wellington	1	. Florida <u>73 47</u> ((Zip code)	٥
	(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.

(Registerediagent'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.

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

A. DIRECTORS				,			
□Chairman	Name: Benjamin Hindelog	□Chairman	Name: Ma	vk Bardorf			
□Vice Chairman	Address: 1760 Corsica DI. Wellington, Fl. 33414	□Vice Chairman		16 washington.			
□Director		□Director	Neu 1-	·v+, KI 03'540			
President	Benjamin R. Hinckley	□President					
□Vice President		□Vice President					
ÓSecretary	T reasurer	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		□ Heasurer S.			
Other	□Other	Other					
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director		24 P D			
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		□Treasurer			
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. 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.							
13. Be any B. Hinckles Plesident (Typed or printed name and capacity of person signing application)							
		V					





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

DELAWARE, DO HEREBY CERTIFY "YOTME, 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 SEVENTH DAY OF MAY, A.D. 2021.

2021 MAY 24 PM 8: 18

Jeffrey W. Bullock, Secretary of State

Authentication: 203156685

Date: 05-07-21

5716986 8300 SR# 20211644383



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2021

BENJAMIN B HINCKLEY 1760 CORSICA DR WELLINGTON, FL 33414 US

SUBJECT: YOT ME, INC. Ref. Number: W21000056324

We have received your document for YOT ME, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 021A00008511

RECEIVED MAY 24 2021