

Division of Corporations

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Division of Corporations  
Fax Number : (850)617-6383

Account Name : SPIEGEL & UTRERA, P.A.  
Account Number : FCA000000001  
Phone : (305)854-6000  
Fax Number : (305)860-2076

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**ELUCIDATE AMERICAS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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2021 OCT 25 PM 1:27

APPROVED  
AND  
FILED

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# 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.

## 1. ELUCIDATE AMERICAS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

## 2. DELAWARE

(State or country under the law of which it is incorporated)

## 3. APPLIED FOR

(FEI number, if applicable)

## 4. 10/15/2021

(Date of incorporation)

## 5. PERPETUAL

(Date of duration, if other than perpetual)

## 6. UPON FILING

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

## 7. 1101 BRICKELL AVENUE, SUITE 800S, MIAMI, FLORIDA 33131

(Principal office street address)

1101 BRICKELL AVENUE, SUITE 800S, MIAMI, FLORIDA 33131

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SPIEGEL & UTRERA, P.A.

Office Address: 1840 SW 22ND STREET, 4TH FLOOR

MIAMI

(City)

, Florida 33145

(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.

SPIEGEL & UTRERA, P.A.

By: Natalia Utrera - NATALIA UTRERA, VICE-PRESIDENT  
(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.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**H21000396382 3****A. DIRECTORS**

☒ Chairman Name: SHANE RIEDEL

☐ Vice Chairman Address: 1101 BRICKELL AVENUE

☐ Director SUITE 800S

☐ President MIAMI, FL 33131

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: SHANE RIEDEL

☐ Vice Chairman Address: 1101 BRICKELL AVENUE

☐ Director SUITE 800S

☒ President MIAMI, FL 33131

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: SHANE RIEDEL

☐ Vice Chairman Address: 1101 BRICKELL AVENUE

☐ Director SUITE 800S

☐ President MIAMI, FL 33131

☐ Vice President \_\_\_\_\_

☒ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: SHANE RIEDEL

☐ Vice Chairman Address: 1101 BRICKELL AVENUE

☐ Director SUITE 800S

☐ President MIAMI, FL 33131

☐ Vice President \_\_\_\_\_

☐ Secretary ☒ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ 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. Shane Riedel  
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. Shane Riedel, President  
(Typed or printed name and capacity of person signing application)

**H21000396382 3**

H21000396382 3

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ELUCIDATE AMERICAS 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 TWENTIETH DAY OF OCTOBER, A.D. 2021.



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You may verify this certificate online at [corp.delaware.gov/authverishtml](http://corp.delaware.gov/authverishtml)

Authentication: 204455784

Date: 10-20-21

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