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### **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

11/01/2021

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Name:	Forza X1, Inc.	
Document #:		
Order #:	13958445	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of Destination:  Number of Certs:	
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Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 78.75	

Thank you!

#### **COVER LETTER**

TO: Registration Section Division of Corporation	s		
SUBJECT: Forza X1, Inc.			
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corpor	Certificate of Good Stand	ling" and check are subm	
Please return all correspondence	concerning this matter	to the following:	
Hank Gracin			
	Name of I	Person	<del> </del>
Gracin & Marlow, LLP			
	Firm/Com	pany	
1825 NW Corporate Blvd., Suite 1	10		
	Addre	ss	
Boca Raton, FL 33431			
<u> </u>	City/State ar	id Zip code	
hgracin@gracinmarlow.com			
E-ma	il address: (to be used f	or future annual report no	tification)
For further information concern	ing this matter, please ca	ıll;	
Hank Gracin	561	Daytime Telephone Number	
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER A Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	s ce	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	DRIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	\$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. Forza X1, 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) Octaware 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3101 South US Highway 1, Ft. Pierce, Florida 34982 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Hank Gracin Name: 1825 NW Corporate Blvd., Suite 110 Office Address: Boca Raton (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation in 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) 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address: 3101 South US Highway 1	□Vice Chairman	Address: 3101 South US Highway 1				
□Director	Fort Pierce, FL 34982	<b>■</b> Director	Fort Pierce, FL 34982				
<b>■</b> President		President					
 □Vice President		□Vice President					
Secretary	□Treasurer	☐Secretary	■ Treasurer				
■Other	Other	Other CFO	□Other				
□ Chairman	Glenn Sonoda	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Fort Pierce, FL 34982	□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.							
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 of 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.  Joseph Visconti, President and Chief Executive Officer							

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FORZA X1, 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 NOVEMBER, A.D. 2021.

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



Authentication: 204562974

Date: 11-01-21