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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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(Docum	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	

Office Use Only



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SECRETARY OF STATE
ALLI AHASSEE

COVER LETTER

TO:	_	ition Section of Corporati	ons				
SHRI	FCT.	Divot	Ass	els T	a.f		
о во			Name	of corpora	ition - mus	t include suffix	-
Dear S	ir or Mad	am:					
"Certif	ficate of E		"Certificat	te of Good	Standing".	and check are sub	ct Business in Florida," mitted to register the
Please	return all	corresponder	nce concer	ning this m	atter to the	following:	
Sa	2 Ho.	ole					
		•		Name	e of Person		
Di	40+ A	sseds Iv	nc-				
		-		Firm/	Company		
19	63 R	iver Re	lach T	Dr. #	1)] ddress		
No	iples	FL	34104	67.46.	1 7	code	
_	حان	1 - 1		City/Sta	tte and Zip	code	
	011 <u>(0)</u>	<u>&1704a</u> : E-1	<u>SSeAS.</u> mail addre	ss: (to be u	sed for futt	ire annual report i	notification)
		mation conce					
<u>S</u>	ott C Name c	ole of Person		_ at (<u></u>	7)	851 - 1088 Daytime Telep	3 hone Number
	Registra Division The Cer 2415 N.	T/COURIER ation Section of Corporati atre of Tallaha Monroe Stre ssee, FL 3230	ons assee et, Suite 8			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Please	sed is a ch make chec).00 Filing		llowing ar LORIDA \$78.75 Fil Certificate	DEPARTM ing Fee &	□ \$78.°	TATE 75 Filing Fee & ified 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.

I. Divot	Assets In C. orporation; must include "INCORPORA"	TFD." "C	OMPANY." "CORPO	RATION."		
"Inc.," "Co.," "Co	orp." "Inc." "Co." or "Corp.")	11.17.	om more			
~ `	0					
Ut name unavails	Assets Services Inc able in Florida, enter alternate corporate i	name adon	ted for the purpose of tr	ansacting hi	usiness in Flo	rida)
						ricki,
2. <u>Delawa</u>	y under the law of which it is incorporate	3	86-48185	70	1.1 \	
4. <u>3/19</u>	of incorporation)	_ 5				
(Date	of incorporation)		(Date of duration.	f other than	perpetual)	
6						
	(Date first transacted busin	ness in Flor	rida, if prior to registrati	on)		
	(,	,		
7. 1963	River Reach Dr. (Principal	$_{x}$ 5	Naples F	- 3411	04	
	(Principa	al office <u>st</u>	reet address)			
						
	(Current i	mailing add	lress, if different)			
8. Name and stree	et address of Florida registered agent:	(P.O. Bo	x <u>NOT</u> acceptable)		38 38	
Name:	Trevor Martinet		_		_58 58 58	ئىل
	Trevor Martinet 1963 River Reach D Napres (City)	~ #~			C2	
Office Address:	1963 Kivel Keach L		70		3338 5.6	1
	Napus		, Florida 34104		7 A	Ш
	(City)		(Zip code)	. OR	D
O. Domintored one	ont's accentance.				36 1E A	
9. Registered age <i>Having been nam</i>	ent's acceptance: sed as registered agent and to accept					
	application, I hereby accept the app					

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.

True Mra

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.

A. DIRECTORS			
□Chairman	Name: Dillon Peddato	□ Chairman	Name: Trever Martinet
□ Vice Chairman	Address: 1963 River Reach dr.	□Vice Chairman	Address: 1963 River Reach dr.
□Director	# 255	⊠ Director	# 272
X President	Napus FL 34104	□President	Napres FL 34104
□Vice President		□Vice President	
Secretary	[] Treasurer	□Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name: Scott Cole	□Chairman	Name:
□Vice Chairman	Address: 60 Hibbert St.	□Vice Chairman	Address:
⊠ Director	Artinatur, MA 02476	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
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departm		
12	Signature of Director	or Officer	
101	2		out the feete stated bursin are true and that he
	ector signing this document (and who is listed in numbialse information submitted in a document to the Depar		
13	Scott Cole Director		

(Typed or printed name and capacity of person signing application)

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DIVOT ASSETS 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 FOURTEENTH DAY OF DECEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIVOT ASSETS INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MARCH, A.D. 2021.

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

Authentication: 204972088

Date: 12-14-21