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(Requestor's Name)						
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T. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations				
	SBSS Mgmt. Inc.				
SUB.	JECT:				
	1	lame of corporati	on - mu	st include suffix	
Dear	Sir or Madam:				
"Certi	nclosed "Application by Forei ficate of Existence," or "Certi referenced foreign corporatio	ficate of Good St	anding"	and check are sub	
	e return all correspondence co McRoberts	ncerning this mat	ter to the	e following:	
		Name	of Perso	n	
SBSS	Mgmt. Inc.				
-		Firm/C	ompany		
2334	Ist Ave N		, ,		
		- Ad	dress		· · · · · · · · · · · · · · · · · · ·
Saint	Petersburg, FL 33713				
		City/State	and Zi	o code	
haley	tylerf@gmail.com				
	E-mail ac	ddress: (to be use	d for fut	ure annual report r	notification)
For fu	orther information concerning	this matter, pleas	e call:		
Hale	ey Tyler 727 271-4776				
		at ()	· · · · · · · · · · · · · · · · · · ·	
	Name of Person	Area C	ode	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section				MAILING ADDRESS: Registration Section	
Division of Corporations The Centre of Tallahassee				Division of Corporations P.O. Box 6327	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Tallahassee, FL 32314		
	sed is a check for the followin make check payable to: FLORI		NT OF S	TATE	
	* *	Filing Fee &		.75 Filing Fee &	□ \$87.50 Filing Fee,
	•	icate of Status		tified Copy	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.

(Enter name of corr	poration; must include "INCORPORATED," "C	COMPANY " "CORPORATION "
	p," "Inc," "Co," or "Corp.")	COMPANY, CONFORMITION,
•	-	opted for the purpose of transacting business in Florida)
Delaware		7-2703832
(State or country to 09/15/2021		(FEI number, if applicable)
	5	(Date of duration, if other than perpetual)
(Date of	incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	
5944 34th Street N	Suite 19, 20 & 21, Saint Petersburg, FL 337	. F.S., to determine penany habitity)
2334 1st Ave N, Sa	(Principal office saint Petersburg, FL 33713	street address)
	(Current mailing a	ddress, if different)
	, ,	,
Name and street a	address of Florida registered agent: (P.O. B	Box NOT acceptable)
		· · N
Name:	Massey Law Group	<u>)</u> , P.A.
fice Address:	Massey Law Group 3833 Central Avenu	1. E
		225.2
	St. Petersburg (City)	Florida
	(City)	(Zip code) =
Registered agen	t's acceptance:	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
iving been named	l as registered agent and to accept service (of process for the above stated corporation at the plo
•		nt as registered agent and agree to act in this capacit
**	nply with the provisions of all statutes relai with and accept the obligations of my positi	tive to the proper and complete performance of my d ion as registered agent
	an and accept the vougations of my position	on at regimen on agent
	() () ()	

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 Vice Chairman Director President Vice President Secretary Other	Gary Wheeler Name: 2334 1st Ave N Address: Saint Petersburg, FL 33713	□Chairman □Vice Chairman □Director □President □Vice President ■Secretary □Other	Sean McRoberts Name: 2334 1st Ave N Address: Saint Petersburg, FL 33713 Treasurer Other				
□ Director □ President	Name:Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Name:Address:				
□Other	□ Other	□Other	Other				
□Chairman □Vice Chairman □Director □President □Vice President	Name:		Name:				
□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. 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. Scan McRoberts - Secretary / Treasurer

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

DELAWARE, DO HEREBY CERTIFY "SBSS MGMT. 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 TENTH DAY OF NOVEMBER, A.D. 2021.



Authentication: 204647983

Date: 11-10-21