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To:	Division of Corporations Fax Number : (850)617-6383				
an	Account Name : C T CORPORATI Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 the email address for this busin inual report mailings. Enter only mail Address:	ess entity to be used f	FILED		
	FOREIGN PROFIT/NONPR	OFIT CORPORATIC			
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Help

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.

Ascentium Corporation
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

Delaware		3. 91-2105883
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)
08/17/2011		5. Perpetual
(Dai	e of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
601 Rigby Rd,	Suite 420, Miamisburg, OH 45342-5039	
	(Prin	cipal office address)
	(Current mai	iling address, if different)
Name and <u>stre</u>	(Current mai et address of Florida registered agent: (F	iling address, if different)
Name and <u>stre</u> Name:		iling address, if different)
Name:	et address of Florida registered agent: (F	Iling address, if different)
	et address of Florida registered agent: (F	iling address, if different)

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.



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.

To: +18506176383

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	ECTORS
Chairman:	SEE ATTACHMENT
Address:	
/ice Chai	nnan:
_	
Di re ctor:	
Director:	
. OFFI	
resident:	SEE ATTACHMENT
ddress:	
ice Presi	deni:
ecretary;	
OTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
~	Kanne Willia
2	Signature of Director or Officer

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Ascentium Corporation

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Board of Directors

Nome that As plate to as	THE WARTS WARTS	Ernal Will Statistical Statistics	Add the Section Section 2017	City State Zie Constantion	Shone States	Start date (deliver)
					918-392-1612	3/24/2014
Anthony Steel	τιυ	tory steel@smithcorymerce.roos	487 John Anderson Dr	Ormand Beach, FL 32176	385-212-3657	\$/6/2015
And new Pritzhard	Soard Director	andy.prtcherd@thoughtburstinc.com	3622 Pete Dye Bivd	Carmel IN: 46033		3/24/2017
Patrick Stageraid	Board Director	cfitzgeraid3@me.com	6201 Baimar Circle	Norman, OK 73071	818-469-1442	2/14/2017
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			<u></u>	

Corporate Officera

Name Constant Statistics	Title : Standar Lice St	Intel 14. Date of the second state	Address Not November 19	City, State, Zp 32 Ses 23 M.	Phone 2000 - Your
Anthony Steel	α 0	toovstorial south to	487 John Anderson Dr	Ormond Beach, FL 32176	394-212-3657
Karvin Willis	000	hards with the whith any party com	1575 Fairway Tee	West Palm Beach FL 33412	612-581-5130



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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASCENTIUM CORPORATION" 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 TWELFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



er State

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