(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200387195122

2022 MAY 19 PH 2: 48

MAY 1 9 2022 K. Brumbley

Incorporating Services, Ltd.

1540, Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street Suite 81

2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE: 5/19/2022

PRIORITY Routine

tine

OUR REF # (Order ID#) Z

ORDER ENTITY

Katsumi, Inc.

PLEASE PERFORM THE FOLLOWING SERVICES:

Katsumi, Inc.

Please file the attached qualification document.

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. Katsumi, Inc.				
(Enter name of c	orporation: must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	," "COMPANY." "CORPORATIO	N,"	
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	ng business in Florida)	
Delaware	3			
(State or countr	y under the law of which it is incorporated)	(FEI number. if applicable)		
April 12, 2022	5.	Perpetual		
	of incorporation)	(Date of duration, if other than perpetual)		
5. April 12, 2022				
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1		ity)	
600 Edgewater D	r., Unft 304, Dunedin, FL 34698			
· ·	·	fice street address)		
	(Current maili	ng address, if different)		
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C. Incorporating Services, Ltd.	O. Box <u>NOT</u> acceptable)	2022 MAY 19	
Office Address:	1540 Glenway Drive		19	
omee ridatess.	Tallahassee	Florida 32301	PH 2: 48	
	(City)	(Zip code)	• • • • • • • • • • • • • • • • • • •	
lesignated in this further agree to co and I am familiar	ent's acceptance: ed as registered agent and to accept serv. application, I hereby accept the appoints omply with the provisions of all statutes i with and accept the obligations of my po-	ment as registered agent and agro- relative to the proper and comple osition as registered agent.	d corporation at the place ee to act in this capacity.	
-	(Registered agent's s	ignature)		
	partificate of existence duly outboatingted			

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.

DocuSign Envelope ID: 1AA66296-40AD-447A-B5CD-6EABBA478921

A. DIRECTORS Thomas M. Cross Thomas Coenen Name: Name: □ Chairman □Chairman 600 Edgewater Dr., Unit 304 600 Edgewater Dr., Unit 304 Address: Address: □ Vice Chairman □ Vice Chairman Dunedin, FL 34698 Dunedin, FL 34698 Director Director ■ President □ President □ Vice President □Vice President □ Secretary ■ Treasurer □ Secretary □ Treasurer General Counsel □Other _____ □Other _____ Name: ___ □Chairman Name: ______ □Chairman Address: ___600 Edgewater, Dr., Unit 304 □ Vice Chairman □ Vice Chairman Address: _____ Dunedin, FL 34698 □Director □Director □ President □President □ Vice President □Vice President □Treasurer □ Secretary □Treasurer ■ Secretary □Other _____ □Other _____ ☐Other ______ □Other _____ □Chairman ☐ Chairman Name: _____ Address: _____ □Vice Chairman ☐ Vice Chairman Address: ______ □Director □Director □President □President □Vice President _____ ☐ Vice President ☐Treasurer □ Treasurer □ Secretary □ Secretary □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 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.

, Thomas M. Cross

Page 1



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

DELAWARE, DO HEREBY CERTIFY "KATSUMI, 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 NINETEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KATSUMI, INC."

WAS INCORPORATED ON THE TWELFTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 203474957

Date: 05-19-22

6730841 8300 SR# 20222143803