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S. ROBERTS MAY 1 6 2022

## **COVER LETTER**

	stration Section sion of Corporations				
SUBJECT:	Burgess U.S. Consulting Inc.				
Name of corporation - must include suffix					
Dear Sir or N	Aadam:				
"Certificate of	I "Application by Foreign Co of Existence," or "Certificate need foreign corporation to to	of Good Standing	g" and check are submit	dusiness in Florida," ded to register the	
Please return	all correspondence concerni	ing this matter to t	he following:		
Jill Hazlewoo	d				
		Name of Pers	on		
Bernstein She	ır				
		Firm/Compan	у		
100 Middle S	treet, PO Box 9729				
		Address			
Portland, ME	04104-5029				
		City/State and Z	Zip code		
jhazlewood@	bernsteinshur.com			Francisco	
	E-mail address	s: (to be used for t	uture annual report noti	ncation)	
For further i	nformation concerning this n	natter, please call:			
Jill Hazlewoo	кt	at ( <sup>207</sup> ) 228-7248			
Nar	ne of Person	Area Code	Daytime Telephor	ne Number	
Reg Divi The 241:	REET/COURIER ADDRES istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations .	
Enclosed is a Please make o	a check for the following ame theck payable to: FLORIDA D iling Fee	EPARTMENT OF ig Fee & 💢 🔲 \$7	STATE 78.75 Filing Fee & crtified Copy	S87,50 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.

D. L	able in Florida, enter alternate corporate name ado			
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	olicable)	
April 29, 2022	5.			
(Date	of incorporation) 5	(Date of duration, if other the	han perpetual)	
6.				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		y)	
7. 550 Okeechobee	Blvd., Unit 1415, West Palm Beach, FL 33401			
	(Principal office	street address)	022	
550 Okeechobee	Blvd., Unit 1415, West Palm Beach, FL 33401		<b></b>	
	(Current mailing a	ddress, if different)		thursty a
8. Name and stree	et address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	2	3 4
Name:	Peter Burgess		8:	٠.ـ.٠
Office Address:	550 Okeechobee Blvd., Unit 1415			
	West Palm Beach, FL	Florida 33401		
	(City)	, Florida 33401 (Zip code)		
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment comply with the provisions of all statutes rela with and accept the obligations of my positi	it as registered agent and agre tive to the proper and complet	e to act in this capac	city. I

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:	□Chairman	Name:				
∐Vice Chairman	Address:	□Vice Chairman	Address:				
Director	550 Okeechobee Blvd., Unit 1415	■ Director	550 Okeechobee Blvd., Unit 1415				
President	West Palm Beach, FL 33401	□President	West Palm Beach, FL 33401				
∐Vice President		∐Vice President					
∐Secretary	Treasurer	■ Secretary	∐Treasurer				
□Other		□Other	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
Ll 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				
∐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.  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.

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BURGESS U.S. CONSULTING 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 SIXTH DAY OF MAY, A.D. 2022.

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



Jeffrey W. Budlock, Secretary of State

Authentication: 203362287

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