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	CERTIFIED COPY	
XX	РНОТОСОРУ	
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xx	FILING	INC
_	ULITH EXPRESS INC	
	(CORPORATE NAME AND DOCUM	MENT #)
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	(CORPORATE NAME AND DOCUM	MENT #)

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	ULITH EXPRESS INC				
0000	2011	Name o	f corporation	must include suffix		
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Cor Existence," or "Certificate of the ced foreign corporation to tra	of Good Stan	ling" and check are sul	act Business in Florida," bmitted to register the	
Please	return a	all correspondence concerning	g this matter	o the following:		
MARIA	A JOHN	SON		•		
			Name of	erson		
ULITH	EXPR	ESS INC				
			Firm/Con	any		
3900 W	BROW	ARD BLVD APT 202				
-			Addre	5		
FORT I	LAUDE	RDALE FL 33312				
			City/State a	d Zip code		
ULITH	EXPRE	SS@GMAIL.COM		•		
		E-mail address:	(to be used f	r future annual report	notification)	
For fur	ther inf	ormation concerning this ma	tter, please c	11:		
MARIA	NHOL	SON	347 it (224-2247		
	Name	of Person	Area Code	Daytime Telep	hone Number	
	Registr Division The Ca 2415 N	ET/COURIER ADDRESS: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303	:	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7	
Enclose Please m S70.0	iake che	heck for the following amou ck payable to: FLORIDA DEF ng Fee	PARTMENT Fee & □	OF STATE \$78.75 Filing Fee & Certified 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.

1. ULITH EXPRE				
(Enter name of c "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	,	
(If name unavail	lable in Florida, enter alternate corporate name ac	lopted for the purpose of transacting b	business in Florida)	
, GA		·		
(State or count	3	3. (FEI number, if applic		
03/08/2016	5.			
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)	
06/07/2022				
7. <u>3900 W BROW</u>	(SEE SECTIONS 607.1501 & 607.150 ARD BLVD APT 202 FORT LAUDERDALE FL (Principal office	, ,		
	(Current mailing	address, if different)		
B. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	当当	
Name:	MARIA JOHNSON	_	PM 1:46	
Office Address:	3900 W BROWARD BLVD APT 202		,,,	
	FORT LAUDERDALE	. Florida 33312		
	(City)	(Zip code)		

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.

Maria California (Registered agent's signature)

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.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
□ Chairma n	MARIA JOHNSON	□Chairman	Name:	
□Vice Chairman	Address: 3900 W BROWARD BLVD	□Vice Chairman	Address:	
Director	APT 202	□Director		
President	FORT LAUDERDALE FL 33312	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□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
mursiuugas ijiay oc a	ise an attachment to report more than six (6). The attack added to the index when filing your Florida Departmen	t of State Annual Rep —	oort form.	
	Signature of Director or	Officer		
The officer or direct she is aware that fals 5.817.155. F.S.	or signing this document (and who is listed in number se information submitted in a document to the Departm	11 above) affirms tha ent of State constitut	t the facts stated es a third degree	herein are true and that he or felony as provided for in
13. MARIA JOHN	ISON			

Control Number: 16027675

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ULITH EXPRESS INC a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 23235267 Date Inc/Auth/Filed: 03/08/2016 Jurisdiction : Georgia Print Date : 06/07/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State