

F2200000 4968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

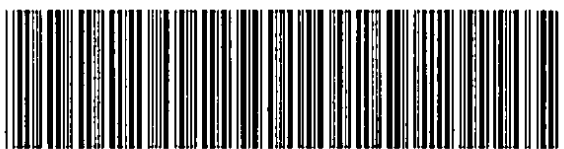
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2022 AUG - 5 PM 3:43
TALLAHASSEE, FLORIDA

FILED
2022 AUG - 5 PM 3:45
TALLAHASSEE, FLORIDA

T. LEMIEUX
AUG - 8 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yotta Automated Software Solutions, Inc
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joseph R. Polverari Sr General Counsel

Name of Person

Law Offices of Joseph R. Polverari Sr. APC

Firm/Company

701 Conifer

Address

Truckee, CA 96161

City/State and Zip code

Joe@jpolverarilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph R Polverari, Sr at (408) 594-8042
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2022

JOSEPH R POLVERARI SR
701 CONIFER
TRUCKEE, CA 96161

SUBJECT: YOTTA AUTOMATED SOFTWARE SOLUTIONS, INC
Ref. Number: W22000097657

We have received your document for YOTTA AUTOMATED SOFTWARE SOLUTIONS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In section 7 please give the principal address.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 322A00016716

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. Yotta Automated Software Solutions, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Nevada 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. July 12, 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2875 Saint Rose Parkway, Henderson, NV 89052
(Principal office street address)
2213 Big Bar Drive, Henderson NV 89012
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent, LLC

Office Address: 7901 4th St N, Suite 300
St. Petersburg, Fl, Florida 33702
(City) (Zip code)

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2022 AUG -5 PM 3:44
STATE OF FLORIDA
FALL ADMINISTRATIVE

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.

Tom Glover
(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

Chairman Name: Robert J Rieger
 Vice Chairman Address: 2213 Big Bar Drive
 Director Henderson NV 89012
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Joseph R Polverari Sr
 Vice Chairman Address: 701 Conifer
 Director Truckee, CA 96161
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

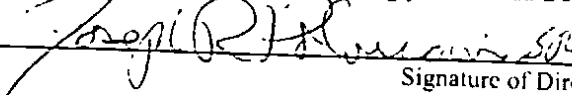
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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. Joseph R. Polverari Sr. (Cal SBN 62424) General Counsel and Secretary
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Yotta Automated Software Solutions Inc.**, as a **NON-FILING DOMESTIC ENTITIES** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/24/2022, and is in good standing in this state.

I further certify that the above **NON-FILING DOMESTIC ENTITIES** has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/09/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207092813454

You may verify this certificate
online at <http://www.nvsos.gov>