F220000005593

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:			

Office Use Only



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ATT SEP -6 AM TEQUE

S. ROBERTS SEP - 6 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/06/2022	-	ANTI/ATE/ FATAN
ENTITY NAME PLANS	STIN ADMINISTRATION, INC.	**WALK IN**
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETUR	W
xxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE	ENTITY**
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATIO	DN
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$70	ACCOUNT #	: 120160000072

COVER LETTER

~	stration Section sion of Corporations			
SUBJECT:	PLANSTIN ADMINISTRATION, INC.			
SOBJECT:	Name of corporation - must include suffix			
Dear Sir or M	fadam:			
"Certificate of	"Application by Foreign Corporation for Authorization to Transact Business in Florida," if Existence," or "Certificate of Good Standing" and check are submitted to register the need foreign corporation to transact business in Florida.			
Please return a	all correspondence concerning this matter to the following:			
Sharon Urban				
	Name of Person			
Harbor Compli	iance			
	Firm/Company			
1830 Colonial	Village Lane			
	Address			
Laneaster, PA	17601			
	City/State and Zip code			
professional@l	harboreompliance.com			
	E-mail address: (to be used for future annual report notification)			
For further inf	formation concerning this matter, please call:			
Sharon Urban 717 229-0387				
Name	e of Person Area Code Daytime Telephone Number			
Regist Divisi The C 2415 I	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check for the following amount: eck payable to: FLORIDA DEPARTMENT OF STATE			

☐ \$87.50 Filing Fee.

☐ \$78.75 Filing Fee &

■ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &

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.

(Enter name of c	corporation; must include "INCORPORATED." " forp," "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"
	, σει σε σει _τ ε, γ	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florid
Utah	3	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
10/09/2018	5	
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability)
	(SEE SECTIONS 607.1501 & 607.1502 /ay STE 2B, St. George, UT 84770	, F.S., to determine penalty liability)
	(SEE SECTIONS 607.1501 & 607.1502 /ay STE 2B, St. George, UT 84770 (Principal office)	street address)
	(SEE SECTIONS 607.1501 & 607.1502 /ay STE 2B, St. George, UT 84770 (Principal office)	, F.S., to determine penalty liability)
1506 S Silicon W	(SEE SECTIONS 607.1501 & 607.1502 /ay STE 2B, St. George, UT 84770 (Principal office)	street address) ddress, if different)
1506 S Silicon W	(SEE SECTIONS 607.1501 & 607.1502 /ay STE 2B, St. George, UT 84770 (Principal office government) (Current mailing a	street address) ddress, if different)
Name and street	(SEE SECTIONS 607.1501 & 607.1502 /ay STE 2B, St. George, UT 84770 (Principal office government mailing a gent address of Florida registered agent: (P.O. E.)	street address) ddress, if different)
. Name and street	(SEE SECTIONS 607.1501 & 607.1502 /ay STE 2B, St. George, UT 84770 (Principal office government of the control of the contro	street address) ddress, if different)

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.

Registered Agents Inc.
Bill Havre - Assistant Secretary

(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.

A. DIRECTORS								
□Chairman	Nathan Udy Name:	□Chairman	Name:					
□Vice Chairman	Address: 1506 S Silicon Way STE 2B	□ Vice Chairman	Address:					
Director	St. George, UT 84770	□Director						
President		□President						
□Vice President		□Vice President						
Secretary	□Treasurer	□Secretary	□Treasurer					
□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					
□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.



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705

Salt Lake City, UT 84114-6705

Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

09/02/2022 11015476-014209022022-362610

CERTIFICATE OF EXISTENCE

Registration Number: 11015476-0142

Business Name: PLANSTIN ADMINISTRATION, INC

Registered Date: October 09, 2018

Entity Type: Corporation - Domestic - Profit

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Leigh Veillette Director

Division of Corporations and Commercial Code

& Veillette