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WALK IN

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·		PICK UP:	DANNY 10/11	_	
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XX	FILING	<u>FOR</u>	REIGN INC		
. <u>P</u>	YRO ATL, INC	DOCUMENT #)			
((ORPORATE NAME AND	DOCUMENT #)			
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	ORPORATE NAME AND	DOCUMENT #)			
PECIAL NSTRUCT	TIONS:				

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pyro ATL, Inc.	
	f corporation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	poration for Authorization to Transact Business in Florida," of Good Standing" and check are submitted to register the insact business in Florida.
Please return all correspondence concernir	g this matter to the following:
Ashley Kintz	
	Name of Person
	Firm/Company
605 Geddes Street	r atti/Company
	Address
Wilmington, DE 19805	
	City/State and Zip code
beth@ready2inc.com	
E-mail address:	(to be used for future annual report notification)
For further information concerning this ma	itter, please call:
Ashley Kintz	798-6015
Name of Person	Area Code) 798-6015 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 DE \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT OF STATE Fee & □ \$78.75 Filing Fee & □ \$87.50 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.

(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting be	usiness in	Flori	da)
Georgia					
(State or count) 11/18/2019	y under the law of which it is incorporated) 5.	(FEI number. if applie			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
4519 George Rd	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 Ste 170 Tampa, FL 33634	2. F.S., to determine penalty liability)			
	(Principal office	street address)			
Name and street	(Current mailing et address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	# 5 CON 1 A	2022 OCT	
Name:	Christopher Lewis-Harris			_	
ffice Address:	4519 George Rd Ste 170	, Florida 33634 (Zip code)		AM 8:	•
	Tampa			50	
	(City)				
	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	of process for the above stated co nt as registered agent and agree to ative to the proper and complete po	act in t	his ca	ipacity.

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: Christopher Lewis-Harris	□Chairman	Name:	
□Vice Chairman	Address: 4519 George Rd ste 170	□Vice Chairman	Address:	
Director	Tampa, FL 33634	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		<u>-</u> .
□President		□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
Important Notice: L individuals may be	Jse an attachment to report more than six (6) the at added to the index when filing your Florida lepartr	ment of State Annual Re	I for reporting pur port form.	poses only. Non-indexed
The officer or direct she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in numl lse information submitted in a document to the Department to the De	ber 11 above) affirms the	at the facts stated l tes a third degree (herein are true and that he or felony as provided for in
Christopher Lewi	s-Harris			

Control Number: 19153417

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 scal of my office that

Pyro ATL, 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 : 23761408 Date Inc/Auth/Filed: 11/18/2019 Jurisdiction : Georgia Print Date : 10/11/2022

Form Number : 211



Brad Rafforeperger

Brad Raffensperger