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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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WALK IN

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COVER LETTER

	O: Registration Section Division of Corporations				
SUBJECT	Unitas Global Inc.				
BODGECI	' <u> </u>	Name of corporat	ion - mus	st include suffix	*****
Dear Sir or I	Madam:				
"Certificate	of Existence," o	y Foreign Corporation f "Certificate of Good S poration to transact bus	tanding"	and check are sub	ct Business in Florida," mitted to register the
Please return	all corresponde	nce concerning this ma	tter to the	following:	
David Resh					
		Name	of Perso	1	
Compliance S	Solutions, Inc.				
	·	Firm/C	ompany		
242 Rangelin	e Rd				
		Ac	dress		
Longwood, F	L 32750				~·;
		City/Stat	e and Zip	code	377
sosteam@csi	longwood.com				~
-	E	mail address: (to be use	d for fut	ure annual report r	notification)
For further i	nformation conc	erning this matter, pleas	se call:		
David Resh		at (866	99	6-2281	=
Nar	ne of Person	Area C	Code	Daytime Telep	hone 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	
	check payable to:	ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & tified 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.

(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Ow. Van Buren, Suite 605, Chicago, IL 60607 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 10 W. Van Buren, Suite 605, Chicago, IL 60607 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street			
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (3/23/2022 (Date of incorporation) (Date of duration, if other than perpetual) (Oute of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company ice Address: Tallahassee Tallahassee Torida (City) (City) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual)	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company	f name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (3/23/2022 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Our ent mailing address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company ice Address: Tallahassee Tallahassee Total address (City) (City) (FEI number, if applicable) (Date of duration, if other than perpetual) (Prior to registration) (Prior to registration) (Principal office street address) (Principal office street address)	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Our the first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street			
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Tallahassee , Florida 32301 (City) (Zip code)	ice Address:			Box NOT acceptable)
Tallahassee , Florida Zip code)		ce Address:	1201 Hays Street	
	(7)	00 1 Hadi 600.	Tallahassee	Florida ³²³⁰¹
Desirtance agranting appareture of	(City) (Zip code)		(City)	(Zip code)
			49	
ving been named as registered agent and to accept service of process for the above stated corporation at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	ving been named as registered agent and to accept service of process for the above stated corporation at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa ther agree to comply with the provisions of all statutes relative to the proper and complete performance of mit I am familiar with and accept the obligations of my position as registered agent.	Penistered que	m s acceptance. ed as registered agent and to accept service	e of process for the above stated corporation at the

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			
□Chairman	Patrick Shutt	□Chairman	Name:
□Vice Chairman	Address: Suite 605	□Vice Chairman	Address: 910 W. Van Buren, Suite 605
■Director	Chicago. IL 60607	□Director	Chicago, IL 60607
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
CEO CEO		Controlle Controlle	r Other
□Chairman	Name: Evgenii Zherebchevskiy	□Chairman	Name:
□Vice Chairman	910 W. Van Buren, Suite 605	□Vice Chairman	Address:
Director	Chicago, IL 60607	□Director	
☐ President		□President	
□Vice President		□Vice President	
Secretary	☐ Treasurer	☐ Secretary	□Treasurer
Other SVP Fin	ance 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
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department Signature of Director of	of State Annual Re	eport form.
The officer or dire	ector signing this document (and who is listed in number also information submitted in a document to the Departr	11 above) affirms the ment of State constitu	nat the facts stated herein are true and that he or ates a third degree felony as provided for in

s.817.155, F.S.

13. Andrea Hopkins, Controller

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "UNITAS GLOBAL 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 TWENTIETH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNITAS GLOBAL INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2022.

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

7621 6 121 FX FX

Authentication: 204663095

Date: 10-20-22

6693370 8300 SR# 20223817145

AFFIDAVIT OF CONSENT TO USE OF NAME

- I, Patrick Shutt, Manager and CEO of Unitas Global, LLC which was Registered to transact business in Florida on May 8, 2014.
- 3. The aforesaid Limited Liability Company hereby gives its unqualified consent to the use of the name Unitas Global, Inc.in the State of Florida by Unitas Global, LLC a Limited Liability Company organized under the laws of the State of California.

Patrick Shult Manager and CEO

Sworn to and subscribed before me this 4 day of oct., 19 2022

Notary Public

Notary Public State of Fiorida
Loda Altidor
My Commission
HH 247358
Exp. 4/2/2026

2017 C T 21 P. T. I