## F22000066892

(Rec	questor's Name)	<del></del>
(Add	dress)	
Ado	dress)	
(City	y/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	00%17
<u>.</u>		
WAA - 44580	<u> </u>	

Office Use Only



600383289066

03/11/22--01017--017 \*\*70.00

FILED

K Bumpies

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Teryx, Inc.	
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter t	o the following:
Nathanael Gyurke	
Name of P	crson
Teryx. Inc.	
Firm/Comp	any
301 W. Platt St. #179	
Addres	S
Tampa, FL 33606	
City/State and	d Zip code
ngyurke@teryxai.com	
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please ca	11:
Nathanael Gyurke at (at (	416-9934
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 (  \$70.00 Filing Fee  \$78.75 Filing Fee &    Certificate of Status	DF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

	3. e law of which it is incorporated) 5.	87-3600945 (FEI number, if		-
				_
(Date of incorpo	5.			
(Date of incorpo			<del></del>	_
	(Date of incorporation) 5. (Date of duration, if other than perpetual)		er than perpetual)	
·				<b>-</b>
(	(Date first transacted business in SEE SECTIONS 607.1501 & 607.15		oility)	
301 W. Platt St. #179 Tam				
		ce street address)	······································	-
	(Current mailin	g address, if different)	2027	
			922 NOV -8	3
Name and street address	of Florida registered agent: (P.C	). Box NOT acceptable)	7 T	三3>
Name: Natha	nael Gyurke		· · · · · · · · · · · · · · · · · ·	
Office Address:301 V	V. Platt St. #179		P (	
Jinice Address			7	
Tam		, Florida <u>33606</u> (Zip code)	∵" ω	
	(City)	(Zip code)		

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.

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

## A. DIRECTORS Rudy Mazzocchi Name: \_\_\_\_\_ □ Chairman ■ Chairman 900 Biscayne Blvd, Apt. 409 □ Vice Chairman Address: □ Vice Chairman Address: Miani, FL 33132 □Director □ Director □President □President □Vice President ☐ Vice President □Treasurer □ Secretary ☐ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_\_ ☐ Chairman □ Chairman Name: 301 W. Platt St. #179, □ Vice Chairman Address: Address: ☐ Vice Chairman Tampa FL 33606 □ Director ■ Director □ President □President ☐ Vice President ☐ Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary □Other □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Nathanael Gyurke Name: □Chaiπnan □ Chairman Name: 301 W. Platt St. #179, □ Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_\_ Tampa, FL 33606 ■ Director □Director □ President □ President ☐ Vice President □Vice President ☐ Treasurer □ Secretary □ Treasurer □ Secretary ☐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. 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. Nathanael Gyurke

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TERYX, 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 ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TERYX, INC." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204670424

Date: 10-20-22