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	Division of Corporations	-
	Fax Number : (850)617-6383	
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From:	AND THE REAL PROPERTY IN THE PROPERTY IN THE	\Box
	Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP	=
	Account Number : I19990000010	
	Phone : (561)832-3300 Fax Number : (561)655-1109	
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Corporate Filing Menu

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COVER LETTER

	.,	on of Corporations		
SHRIE	СТ •	PEARL R20, INC.		
SODUE	(C) E +	Name of	corporation	ı - must include suffix
Dear Sir	or M	adam:		
"Certific	cate of	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	Good Stand	Authorization to Transact Business in Florida," adding" and check are submitted to register the ess in Florida.
Please re	eturn:	all correspondence concerning	this matter	r to the following:
JENNIFI	ER A.	WATKINS, ACP, FRP		
			Name of I	Person
NELSO	N MU	LLINS		
			Firm/Com	npany
251 ROY	YAL P	ALM WAY SUITE 215		
		<u> </u>	Addre	css
PALM E	BEAC	H FL 33480		
			City/State a	and Zip code
JENN.K	ERN(Э МЕ.СОМ		
		E-mail address: (to be used f	for future annual report notification)
For furt	her in	formation concerning this mad	ter, please o	call:
JENNII	ER A	. WATKINS, ACP, FRP a	561	659-8663
	Narr	e of Person	Area Cod	de Daytime Telephone Number
	Regis Divis The 0 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please n	nake c	check for the following amounted heck payable to: FLORIDA DEL ling Fee	PARTMENT Fee & - [T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status Certified Copy

H220003940683

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.

PEARL R20, INC			
(Entername of co	rporation; must include "INCO rp," "Inc," "Co," or "Corp.")	RPORATED," "COMPANY,"	"CORPORATION,"
(If name unavaila	ble in Florida, enter alternate co	rporate name adopted for the p	uipose of transacting business in Florida)
DELWARE		3	
(State or country	under the law of which it is in	corporated)	(FEI number, if applicable)
(Date	of incorporation)	(Date o	of duration, if other than perpetual)
DECEMBER 1,			
	(Date first transac	ted business in Florida, if prior 1501 & 607.1502, F.S., to deter	to registration) rmine penalty liability)
11858 179th Cour	t N, Jupiter FL 33478		~~
		(Principal office street address	(1)
·		Current mailing address, if diff	ferent)
Name and stree	et address of Florida registere	d agent: (P.O. Box <u>NOT</u> ac	cceptable)
Name:	CAPITOL CORPORATE SI		(;) ;; ;; ;;
ffice Address:	515 EAST PARK AVENUE	2ND FL	
III I I I I I I I I I I I I I I I I I	TALLHASSEE	, Florida	32301
	(City)		(Zip code)
laving been nam lesignated in this wither agree to c	ent's acceptance: ed as registered agent and to application, I hereby accept amply with the provisions of with and accept the abligat	o accept service of process for the appointment as register all statutes relative to the position as regist	for the above stated corporation at the red agent and agree to act in this capa proper and complete performance of material agent.
	Toylor Scay	Taylor Scay, As Asst. Sof Capitol Corporate S	
		tered agent's signature)	

under the law of which it is incorporated.

10. Attached is a certificate of existence duty 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

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

Fax Services

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A. DIRECTORS			h41697	A DE LETERNI	
□Chairman	Name:	☐ Chairman	MICHABL KERN Name: 11858 1791'H COURT'N Address: TUPITER FL 33478		
□ Vice Chairman	Address:	□ Vice Chairman			
□Director	JUPITER FL 33478	Director			
■President		□President			
□ Vice President		☐ Vice President			
Secretary	□ I reasurer	Secretary		Tieasurer	
[]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	(E) Treasurer	□ Secretary		C)Treasurer ~;	
□Other	□Other	Other		□Other	
				.2.	
□ Chairman	Name:	□ Chairman	Name:		
□Vice Clairman	Address:	□ Vice Chairman	Address:	<u> </u>	
□Director		Director			
[]President		□ President			
□Vice President		☐ Vice President			
□ Secretary	□ Treasurer	☐ Secretary		☐ Treasurer	
□Othe:	Other	□ Other		[]Other	
individuals may b	Use an attachment to report more than six (6). The be added to the index when filing your Florida Depa	rtment of State Animal R	eport Ionir		
12 757 32747	Signature of Direc	tor or Officer			
she is aware that s.817.155, F.S. JENNIEER	ector signing this document (and who is listed in m false information submitted in a document to the De	mber 11 above) affirms t	ntes a tinici ciek	ted herein are true and that he or ree felony as provided for in	
13.		person signing applicatio	n)		

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

DELAWARE, DO HEREBY CERTIFY "PEARL R20, 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 SIXTEENTH DAY OF NOVEMBER, 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 "PEARL R20, INC."

WAS INCORPORATED ON THE NINTH DAY OF NOVEMBER, A.D. 2020.

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

2! +" 3: -!



Authentication: 204876568

Date: 11-16-22