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S. FRANKLIN
JAN 2 6 2023

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: SofFall Inc.			
5000	•	une of corporation	n - must include suffix	
Dear S	Sir or Madam:			
"Certii		icate of Good Star	Authorization to Transact Business in Flori nding" and check are submitted to register t ess in Florida.	
Please	return all correspondence con-	cerning this matte	er to the following:	
Elouise	e Bird			
		Name of	Person	0023
SofFal	l Inc			6
		Firm/Con	npany	1
16526	Calistoga Dr			<u>ب</u>
		Addr	ress	<u>-0</u>
Bonita	Springs, FL 34135			
		City/State a	and Zip code	 •
ebird@	sof-fall.com			
	E-mail add	dress: (to be used	for future annual report notification)	
For fu	ther information concerning th	nis matter, please	call:	
Elouise	: Bird	801 at (209-2305	
	Name of Person	Area Cod	Daytime Telephone Number	
	STREET/COURIER ADDI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please i	-	A DEPARTMENT	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Certified Copy Certificate o Certified Co	f Status &

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.

Sof'Fall Inc			
(Enter name of c	torporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	siness in Florida)
2. Utah, Salt Lake	3.	47-2932517	
(State or countr 4. 02/02/2015	ry under the law of which it is incorporated)	(FEI number, if applica	
	of incorporation)	(Date of duration, if other than p	perpetual)
6			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 16526 Calistoga I	Dr. Bonita Springs, FL. 34135	over the word and the persons in the second	
· · <u> </u>		ice <u>street</u> address)	
	(Current maili	ng address, if different)	
			107 · 3.
8. Name and stree	et address of Florida registered agent: (P.C	O. Box NOT acceptable)	ţ
Name:	Elouise Bird		l S
Office Address:	16526 Calistoga Dr		
	Bonita Springs	, Florida <u></u> , Florida	
	(City)	(Zip code)	

9. 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 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 Elouise Bird □Chairman Name: □ Chairman Name: _____ 16526 Calistoga Dr Address: □ Vice Chairman ☐ Vice Chairman Address: Bonita Springs, FL 34135 □ Director 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 ☐Treasurer. □ Secretary ☐Treasurer □ Secretary □Other _____ □Other _____ □Other ____ □Other __ □ Chairman Name: □Chairman Name: □ Vice Chairman Address: _____ Address: ☐ Vice Chairman □ 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. sesident Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) aftirms 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.

yped or printed name and capacity of person signing application)



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

01/03/2023 9299801-014201032023-782584

CERTIFICATE OF EXISTENCE

Registration Number:

Business Name:

9299801-0142 SOF'FALL, INC.

Registered Date:

February 02, 2015

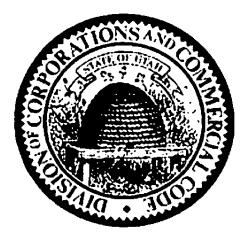
Entity Type:

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.



L. Veillette

Leigh Veillette Director Division of Corporations and Commercial Code