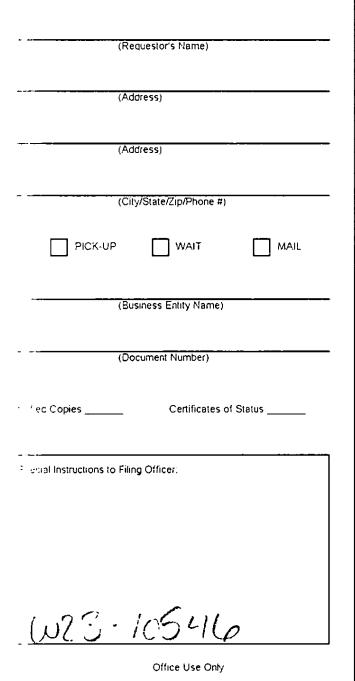
## F23000001272





700400728147

2023 JAN 27 PM 2: 4

APPROVILU ARO FILEO



MAR 04 2023 K. Brumbley



January 27, 2023

CT

SUBJECT: BYT, INC.

Ref. Number: W23000010546

CORRECTED
Please Allow For Same File Date

We have received your document for BYT, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L21000123174.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor
Letter Number: 623A00002102

nber: 623A00002102

2023 MAR -3 AM 12: 39

RECEIVED

### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	01/27/2023	- wil SW
		Acc#I20160000072	4. C = V
Name: Document #:	BYT, INC.		
Order #:  Certified Copy of Arts & Amend: Plain Copy:  Certificate of Good Standing:  Certified Copy of	14747604		
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified Plain: COGS:		Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount	\$ 70.00	

Thank you!

#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: BYT, INC.			
10 C) C3 C3 C3	Name o	of corporation -	must include suffix	
Dear S	iir or Madam:			
"Certif	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good Standi	ng" and check are submitted to	ss in Florida." register the
Please	return all correspondence concerni	ng this matter to	the following:	
Willia	ms Perkins			
		Name of Po	erson	
вүт,	INC.			
		Firm/Comp	any	
1207 I	Belladonna Dr.			
		Addres	\$	
Brande	on, FL 33510			
		City/State and	l Zip code	
will@l				
	E-mail address	s: (to be used for	future annual report notification	on)
For fu	rther information concerning this n	natter, please ca	1:	
NICO	LAS SABET	at (	530-8559	
	Name of Person	Area Code	Daytime Telephone Nur	nber
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Talkahassee 2415 N. Monroe Street, Suite 816 Talkahassee, FL 32303		MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns
Please	sed is a check for the following ammake check payable to: FLORIDA D 0.00 Filing Fee  \$78.75 Filin Certificate	EPARTMENT O ng Fee & □	\$78.75 Filing Fee &   \\$8 Certified Copy   \qu	7.50 Filing Fee, ertificate of Status & ertified 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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	C" "COMPAN	Y," "CORPORATIO	Ν,"	
BYT TECHNO	LOGIES INC.				
(If name unavail	able in Florida, enter alternate corporate name	adopted for th	e purpose of transaction	ng business in Florida)	
DELAWARE 3. State or country under the law of which it is incorporated)			7-3315328		
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
10/14/2021	5				
(Date of incorporation) 5.			(Date of duration, if other than perpetual)		
	04, Tampa, FL 33602 (Principal of	fice <u>street</u> addi	ress)		
•	(Principal of	fice <u>street</u> addi	ress)	20	
	(Current mail	no addrage if	liffaront i		
	a address of Florida registered agent: (P.	ng address, if o		23 JAN 27 F	
Name and <u>stree</u> Name: ffice Address:				7 PH 2:	
Name:	et address of Florida registered agent: (P. C T Corporation System			7 PH	

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.

By: Madonna Cuddihy,
Assistant Secretary

(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.

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

#### A. DIRECTORS Williams Perkins KALEB P. PHILLIPS ☐ Chairman Name: □Chairman Address: \_\_\_\_\_\_1207 Belladonna Dr. 71 W Hubbard St. Apt 5005 □ Vice Chairman Address: □ Vice Chairman Brandon, FL 33510 Chicago, IL 60654 Director Director □President President □ Vice President ☐ Vice President □Treasurer ■Treasurer □ Secretary Secretary ■Other \_\_\_\_ ⊕Other <u>CEO</u> □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: Suraj Pai Name: \_\_\_\_Elle Ullmann □Chairman □Chairman 200 Biscayne Boulevard Way 766 Lake Avenue Address: □ Vice Chairman Address: \_ □ Vice Chairman Greenwich, CT 06830 Apt 3301 Director Director Miami, FL 33131 □President □President ☐ Vice President □Vice President ☐ Treasurer □ Secretary □Treasurer □ Secretary ■Other \_\_ □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 \_\_\_\_\_ 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. /s/ Kaleb Phillips 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. KALEB P. PHILLIPS, CEO AND PRESIDENT (Typed or printed name and capacity of person signing application)

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BYT, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 202589470

Date: 01-27-23