# F23000001708

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(Address)
(Address)
(City/State/Zip/Phone #)
(Okyotate/Lip/i Hone //)
PICK-UP WAIT MAIL
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S. ROBERTS MAR 2 4 2023

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ePush 5G, Inc			
		must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to the second corporation corporation to the second corporation corporation corporation to the second corporation corporat	e of Good Stand	ing" and check are subm	
Please return all correspondence concern  Jasmine James	ing this matter t	o the following:	
	Name of P	erson	
			· · · · · · · · · · · · · · · · · · ·
4740 Diamage Ave	Firm/Comp	any	
1712 Pioneer Ave	Addres		
Cheyenne, WY 82001	Addres	5	
	City/State and	d Zip code	
T. mail oddwa	(to be used to	r future annual report no	tification)
			ancadon)
For further information concerning this t	natter, please ca	ll:	
Jasmine James	at (307	,632-3333	
Name of Person	Area Code	Daytime Telepho	one 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 an Please make check payable to: FLORIDA I \$70.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT ( $\Box$	OF STATE \$78.75 Filing Fee & Certified 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.

ePush 5G,	Inc.		
(Enter name of co	rporation; must include "INCORPORATED," "rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name ad-	opted for the purpose of transacting bu	siness in Florida)
Wyoming	g		
(State or country	under the law of which it is incorporated)		
1/4/2022	of incorporation) 5.	(Date of duration, if other than	
(Date	of incorporation)	(Pate of duration, if other than	perpetual)
·	(Date first transacted business in F	Incide if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150)	2, F.S., to determine penalty liability)	
803 Bay	Point Dr., Madeira Beacl	n, FL 33708	
	(Principal office	street address)	
200 2nd Av	e South # 748, St. Petersburg,		
	(Current mailing	address, if different)	)23::
. Name and street	t address of Florida registered agent: (P.O.	Box NOT acceptable)	1
Name:	John Colucci		7
	803 Bay Point Dr.	<del></del>	<u> </u>
Mce Address:		— 33708	<u>.</u>
	(City)	, Florida 33708 (Zip code)	<del>-</del>
	(City)	(Lip code)	
	ent's acceptance:	o of municipal for the above stated as	renewation at the n
iesignated in this	ed as registered agent and to accept service application, I hereby accept the appointme	int as registered agent and agree t	o act in this capaci
urther agree to c	omply with the provisions of all statutes rei	ative to the proper and complete p	erformance of my
ına 1 anı janıllıar	with and accept the obligations of my posi	non as registered akem.	
	lnl		
_	11 KM	· · · · · · · · · · · · · · · · · · ·	ap-a
	/ (Registered agent's sig	nature)	

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				
□ Chairman	Name: John Colucci	□ Chairman	Namo:	
□Vice Chairman	Address: 803 Bay Point Dr	□Vice Chairman		
<b>Solirector</b>	Madeira Beach,FL 33708	□ Director		
President		□President		
Vice President		□Vice President		
Secretary	Treasurer	Secretary		OTreasurer
Other		□Other	<del></del>	Other
□ Chairman	Name:	□ Chairman	Name:	<u> </u>
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director		Director		
□ President	<del></del>	President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	Secretary		CTreasurer
□ Other		Other	<del></del>	□Other
□ Chairman	Name:	□ Chairman	Name:	<del></del>
☐Vice Chairman	Address:	OVice Chairman	Address:	···
☐ Director		□Director		
□ President		□ President		
OVice President		□Vice President	<del></del>	
☐ Secretary	□ Treasurer	☐ Secretary		☐ Treasurer
DOther	Other	□Other	<del></del>	□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.  12. 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.

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

ePush 5G, Inc.

is a

#### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **January 4**, **2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001066302**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of March, 2023 at 5:00 PM. This certificate is assigned ID Number 058916022.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

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ePush 5G,	INC.  poration; must include "INCORPORATED," "	COMPANY " "CORPORATION."	
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")	COMPANY, COM CIONTON,	
(If name unavoila)	ble in Florida, enter alternate corporate name add	nted for the purpose of transacting by	islness in Florida)
`			
Wyoming	under the law of which it is incorporated)	(FEI number, if applie	able)
1/4/2022	of incorporation) 5	(Date of duration, if other than	nemetual)
			porporation
	(Date first transacted business in F	orida, if prior to registration)	
	(3EE 3EC 110113 00111301 CE 00111301	, a soul co constitution beautiful measure,	
803 Bay	Point Dr., Madeira Beach	i, FL 33708	
	(Principal office	street address)	2023 11
200 2nd Av	e South # 748, St. Petersburg, I	FL 33701	C 43
	(Current mailing	iddress, if different)	
			-:
. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	****
Name:	John Colucci		Ģ
Mec Address:	803 Bay Point Dr.		<del></del>
Mice Address.	Madelra Beach (City)	33708	
	(City)	, Florida(Zin code)	
	(City)	(2:p code)	
. Registered ago	ent's acceptance:		
faving been nam Jeelanated in this	ed as registered agent and to accept service application, I hereby accept the appointme	of process for the above stated contract of the process for the process of the pr	orporation at tile più lo aet in this capacit
urther agree to c	omply with the provisions of all statutes rel	ative to the proper and complete ;	performance of my
nd I am familiar	with and accept the obligations of my post	ion as registered agent.	
	1 - 1		
	h RA-		
-	(Registered agent's sim	nature)	<del>_</del>
	/ (1108)1111111111111111111111111111111111		
). Attached is a	certificate of existence duly authenticated, n	ot more than 90 days prior to deliv	ery of this applicati

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

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

A. DIRECTORS				
□ Chairmon	Name: John Colucci	□ Chairman	Name:	
□Vice Chairman	Address: 803 Bay Point Dr	□ Vice Chairman		
<b>M</b> Director	Madelra Beach,FL 33708	Director		
<b>☑</b> President	-	□President		
Vice President		OVice President		
Secretary	Treasurer .	☐ Secretary		☐Treasurer
□Other	Other	Other		OOther
□ Chairman	Name:	□ Chairman	Noma	
	Address:	□Vice Chairman		· · · · · · · · · · · · · · · · · · ·
□ Director		Director		
☐ President		□President		
□Vice President		□Vice President		
OSecretary	☐ Treasurer	Secretary	-	☐Treasurer
□Othor		Other	. <u></u>	Other
□ Chairman	Name:	□ Chairman	Namo:	
☐Vice Chairman	Address:	□Vice Chairman	Address:	<del></del>
Director		☐ Director		
☐ President		Prosident		<del></del>
OVice President		☐ Vice President		<del></del>
Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer
		□ Other		□Other
important Notice: Use an inachment 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.  12.				
16.	Signature of Director or	Officer	· · · · · · · · · · · · · · · · · · ·	<del></del>
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.  13. John Colucci				

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