FZ3000002312

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
(,
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Incorporating Services, Ltd.

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1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

ORDER FORM

то	Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303		FROM	Melissa Moreau mmoreau@incserv.com 850.656.7953	
	corphelp@dos.myflorida.com 850-245-6051				
REQUES	T DATE 04/20/2023 Entity	PRIORITY	Routine	OUR REF # (Order ID#)	Devon

QLEET, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

QLEET, INC.

Please file the attached qualification.

NOTES:

\$70.00 Authorized /Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

DocuSign Envelope ID: AC0439AC-ACD2-44B2-B641-53699FA766E3

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.

$_{\rm L}$ Qleet, In	IC.			
	orporation: must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name :	adopted for the purpose of transacting b	usiness in Florid	da)
2. Delawar	e 3			
(State or country	y under the law of which it is incorporated)	(FEI number, if applic	able)	
4 March 1	4, 2023	92-3007865		
(Date	of incorporation)	(Date of duration, if other than	1 perpetual)	
₆ March 2	8, 2023			
···	(Date first transacted business in			
0440 \A		02, F.S., to determine penalty liability)		
7. <u>2442 VV.</u>	Mississippi Avenue, Su		3629	
	(Principal offi	ce <u>street</u> address)		
	(Current mailin	g address. if different)		È
a x ₁ ,, <i>t</i>				
8. Name and stree	t address of Florida registered agent: (P.C			្ទី្លី
Name:	Incorporating Service	PS , _{I.td.}	AFN 20	ວ 🚆
Office Address:	1540 Glenway Drive		01 27 Ξ	
	Tallahassee			o , ja
		Florida <u>32301</u>		<u> </u>
	(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.

Meliosa A Moseau

(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.

' DocuSign Envelope ID: AC0439AC-ACD2-44B2-B641-53699FA766E3

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	1.21	n r.v		N. 3

	Name: Adam Blumenthal	□Chairman	Name: Michael Kadow
⊡Vice Chairman	Address:	□Vice Chairman	Address:
Director	2442 W. Mississippi Avenue, Suite 21 Tampa FL 33629	Director	2442 W. Mississippi Avenue, Suite 21 Tampa FL 33629
		□Vice President	
Secretary			Treasurer
□Other	□Other	□Other	Other
Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□President		□President	<u></u>
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	Treasurer
□Other	①()ther	□Other	Other
□ Chairman	Name:	□ Chairman	Name:
⊡Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		□President	
□Vice President		□Vice President	
	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 being when tiling 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 \$,817,155, F.S.

13. Adam Blumenthal

Adam Blumenthal

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QLEET, 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 NINETEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QLEET, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MARCH, A.D. 2023.

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



Authentication: 203173659 Date: 04-19-23

7348020 8300

SR# 20231527448 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1