F23000002840

	(Requestor's Name)
	(Address)
	(1.00.00)
	(Address)
 -	(City/State/Zip/Phone #)
	,
PICK-UF	WAIT MAIL
	(Business Entity Name)
	,
	(Document Number)
Certified Copies	Certificates of Status
•	
Special Instructions to	o Filing Officer:

Office Use Only

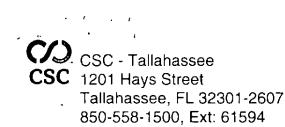


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CP



To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext:

Date: 05/12/23 Order #: 1214311-1 Re: Nts Innovations, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:

ne bole man

12000000195

AUTH

Please take the following action:
File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

under the law of which it is incorporated.

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.

NTS Innovation		
(Enter name of c	orporation; 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 business in Florida)
Delaware 2.	3	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
April 26, 2023	5	
(Date	of incorporation)	(Date of duration, if other than perpetual)
6		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	a Florida, if prior to registration) 602. F.S., to determine penalty liability)
16521 San Carlos	Blvd., Suite 160, Fort Myers, FL 33908	
<i>I</i>	(Principal offi	ce street address)
	(Current mailin	g address, if different)
8. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee	Florida 32301
	(City)	, Florida 32301 (Zip code)
lesignated in this Turther agree to co	ed as registered agent and to accept service application, I hereby accept the appointn	ce of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my dutie sition as registered agent.
C	orporation Service Company	1 · · · · · · · · · ·
By:		Lima Bahri Assistant Vice President
<u>D</u>	(Pagistared agent's	Assistant Vice President
	(wegistered agent's st	gnature) .
Attached is a c	certificate of existence duly authenticated,	not more than 90 days prior to delivery of this application to

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

DocuSign Envelope ID: 593FD429-4D61-49C3-AC24-7FA9E3C7B925

A. DIRECTORS					
□ Chairman	Name: Donald L. Meyer	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
■Director	16521 San Carlos Blvd., Ste. 160	Director	16521 San Carlos Blvd., Ste. 160		
≡ President	Ft. Myers, FL 33908	□President	Ft. Myers, FL 33908		
□Vice President		□Vice President			
■ Secretary	■ Treasurer	□Secretary	□Treasurer		
■ Other	Other	Other	Other		
□Chairman	Name:	□Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
Director	16521 San Carlos Blvd., Ste. 160	□Director			
□President	Ft. Myers, FL 33908	□President			
□Vice President		□Vice President			
Secretary	□Treasurer	□Secretary	□Treasurer		
Other COO	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	□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 boosed back 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.

13. Thomas Buzzell, Chief Operating Officer

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NTS INNOVATIONS, 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 TWELFTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NTS INNOVATIONS, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2023.

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

Authentication: 203336494

Date: 05-12-23

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