

F2300000 2872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

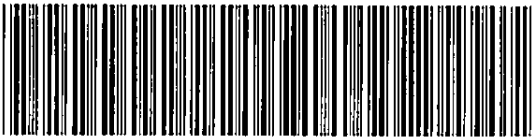
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NS

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 05/02/2023

**\*\*WALK IN\*\***

ENTITY NAME Sabot Technologies, Inc.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

*an: c DW*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sabot Technologies, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Christopher Eaves

\_\_\_\_\_  
Name of Person

Sabot Technologies, Inc.

\_\_\_\_\_  
Firm/Company

101 Parkshore Dr., #100

\_\_\_\_\_  
Address

Folsom, CA 95630

\_\_\_\_\_  
City/State and Zip code

chris@sabotconsulting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

at (\_\_\_\_\_) \_\_\_\_\_

800-567-4397

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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 amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$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.*

1. SABOT TECHNOLOGIES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 68-0462138  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/25/2000 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Registration  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 101 Parkshore Dr., #100, Folsom, CA 95630  
(Principal office street address)
- (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: URS AGENTS, LLC

Office Address: 3458 LAKESHORE DRIVE

TALLAHASSEE, Florida 32312  
(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.*

Kathy Clark

Kathy Clark, Asst. 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]:

FILED  
2023 MAY -2 PM 2:10  
SECRET  
TELETYPE UNIT

**A. DIRECTORS**

☐ Chairman Name: Christopher Eaves  
☐ Vice Chairman Address: 101 Parkshore Dr., #100  
Folsom, CA 95630  
☐ Director  
☒ President  
☐ Vice President  
☒ Secretary ☒ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: Carlos Velez  
☐ Vice Chairman Address: Las Palmas Plantation 126 Tee  
Humacao, PR 00791  
☒ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

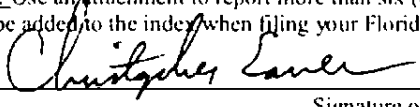
☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: Cornelia Eaves  
☐ Vice Chairman Address: 3587 NW McCready Dr.  
Bend, OR 97703  
☒ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ 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.

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. Christopher Eaves, President  
(Typed or printed name and capacity of person signing application)



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

<b>Entity Name:</b>	SABOT TECHNOLOGIES, INC.
<b>Entity No.:</b>	2266390
<b>Registration Date:</b>	10/25/2000
<b>Entity Type:</b>	Stock Corporation - CA - General
<b>Formed In:</b>	CALIFORNIA
<b>Status:</b>	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of May 02, 2023.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 104768831

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).