F23000003376

(Requesto	or's Name)
(Address)	
(Address)	
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
Rec	23
l wascon	DS9273





400405225224

03/27/23--01026--013 **87.50

2020 JUN -5 Pri 1: [1

M. SOLOMON JUN - 7 2023

COVER LETTER

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: Rafael Platas Name of Person Uptalent Inc, Firm/Company 18117 Biscayne Blvd PMB 61561Miami, FL 33160 Address Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas Name of Person The submitted to register the above reference, and check are submitted to register the above reference, or "Certificate of Good Standing" and check are submitted to register the above reference, or "Certificate of Good Standing" and check are submitted to register the above reference, or "Certificate of Good Standing" and check are submitted to register the above reference, or "Certificate of Good Standing" and check are submitted to register the above reference above reference, or "Certificate" and check are submitted to register the above reference above reference and check are submitted to register the above reference above reference for certification. Firm/Company 18117 Biscayne Blvd PMB 61561Miami, FL 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations		Division of Corporations Uptalent Inc.					
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: Rafael Platas Name of Person Uptalent Inc_ Firm/Company 18117 Biscayne Blvd PMB 61561Miami, FL 33160 Address Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas at (415 / Area Code Daytime Telephone Number) STREET/COURIER ADDRESS: Registration Section Division of Corporations Rafael Poporations	SUBJ			st include suffix			
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: Rafael Platas Name of Person Uptalent Inc. Firm/Company 18117 Biscayne Blvd PMB 61561Miami, FL 33160 Address Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas Name of Person at (415) 980-9933 Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations		. 1	o. vo.po.=				
"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: Rafael Platas Name of Person Uptalent Inc. Firm/Company 18117 Biscayne Blvd PMB 61561Miami, FL 33160 Address Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas at (415) 980-9933 Name of Person Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations	Dear S	ir or Madam:					
Name of Person Uptalent Inc. Firm/Company 18117 Biscayne Blvd PMB 61561Miami, FL 33160 Address Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Name of Corporations	"Certif	ficate of Existence," or "Certific	cate of Good Standing'	and check are submitted to register			
Uptalent Inc. Firm/Company 18117 Biscayne Blvd PMB 61561Miami, FL 33160 Address Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas at (415) 980-9933 Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations	Please	return all correspondence conc	erning this matter to th	e following:			
Firm/Company 18117 Biscayne Blvd PMB 61561Miami, FL 33160 Address Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas at (415) 980-9933 Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations	Rafael	Platas					
Firm/Company 18117 Biscayne Blvd PMB 61561Miami, FL 33160 Address Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas at (415			Name of Perso	n			
Address Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas at (415	Uptaler	nt Inc.					
Miami, Florida 33160 City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas Name of Person at (415 / Area Code) Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations			Firm/Company		·		
City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas Name of Person at (415 / Area Code) Paytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Rafael Platas Area Code MAILING ADDRESS: Registration Section Division of Corporations	18117	Biscayne Blvd PMB 61561Miami	, FL 33160				
City/State and Zip code rafael@uptalnet.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas at (415	-		Address		· · · ·		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas Name of Person at (415	Miami,	, Florida 33160					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Platas Name of Person at (415			City/State and Zi	p code			
For further information concerning this matter, please call: Rafael Platas Name of Person at (415	rafael@	Puptalnet.io	•				
Rafael Platas Name of Person at (415		E-mail add	lress: (to be used for fu	ture annual report notification)			
Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration of Corporations	For fu	rther information concerning th	is matter, please call:				
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations	Rafael	Platas		80-9933			
Registration Section Registration Section Division of Corporations Division of Corporations		Name of Person	Area Code	Daytime Telephone Number	_		
Division of Corporations Division of Corporations			RESS:				
-							
The Centre of Tallahassee P.O. Box 0327		The Centre of Tallahassee		P.O. Box 6327			
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303		•	810	Tallahassee, FL 32314			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE				er a re			

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.

Up	talent Inc.			
	orporation; must include "INCO orp," "Inc," "Co," or "Corp.")	ORPORATED," "	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate o	corporate name add	opted for the purpose of transacting bu	isiness in Florida)
De	laware	3	(FEI number, if applications)	
(State or countr	y under the law of which it is it	ncorporated)	(FEI number, if applications)	able)
Jn 4.	uary 1st, 2023	5		
4. Jnuary 1st, 2023 5. (Date of incorporation) (Date of duration, if other than perpetual)		perpetual)		
Jar 6.	. 23, 2023			
· · · · · · · · · · · · · · · · · · ·			lorida, if prior to registration) , F.S., to determine penalty liability)	-
7	18117 Biscayne Blvd Su	ite 61561, Miar	ni, Florida 33160	
· •	-	(Principal office	street address)	
		(Current mailing a	iddress, if different)	
8. Name and stree	et address of Florida register	red agent: (P.O. l	Box NOT acceptable)	.:*-
Name:	Registered Agents Inc.			. •
Name.	7901 4th Street N, Ste 300		_	
Office Address:			<u> </u>	
	St. Petersburg		, Florida	
	(City)		(Zip code)	
Having been nan designated in this further agree to c	application, I hereby accep	ot the appointme of all statutes rela	of process for the above stated cont as registered agent and agree to tive to the proper and complete point as registered agent.	o act in this capaci
_	(Pagi	istered agent's sign	ature)	_
	(Regi	isiereu agent s sign	ature)	

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

under the law of which it is incorporated.

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

A. DIRECTORS						
Chairman	Rafael Platas Name:	Chairman	Name:			
□Vice Chairman	Address: 1666 Av. Juan Ponce de León	□ Vice Chairman	Address: Camino al Paso Escobar s/n			
□Director	San Juan, Puerto Rico. 00909	Director	Mirador de La Tahona, Lote P10			
□President		President	Solymar 15591, Canelones, Uruguay			
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary	☐Treasurer			
Other	Other	Other				
□Chairman	Name:	□Chairman □Vice Chairman	Name:			
□Director		□Director				
□President		□ President	2023 J J			
□Vice President		□Vice President	- JUV - 5			
□Secretary	☐ Treasurer	Secretary	•			
Other	□Other	□Other	Other			
□Chairman	Name:	□ Chairman	Name:			
		□ 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.						
	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						

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.

Rafael Platas



Page 1

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

DELAWARE, DO HEREBY CERTIFY "UPTALENT 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 TWENTIETH DAY OF MAY, A.D. 2023.

Authentication: 203389531

Date: 05-20-23



April 13, 2023

RAFAEL PLATAS 18117 BISCAYNE BLVD. SUITE 61561 MIAMI, FL 33160

SUBJECT: UPTALENT INC Ref. Number: W23000052273

We have received your document for UPTALENT INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6053.

Yvette Scott Supervisor

Letter Number: 123A00008293

RECEIVED
JUN 0 5 2023