F23000003843

	(Requestor's Name)	- -
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	_
PICK-UF	wait	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of \$	Status
Special Instructions to	Filing Officer:	.

Office Use Only



700411357017

2023 JUN 28 AM ID: 49

APPROVED AND FILED



2023 JUN 28 PM 2: 15

Stampisy

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 839484 8278352							
AUTHORIZATION : Julia Company							
COST LIMIT : 70.00							
ORDER DATE : June 27, 2023							
ORDER TIME : 1:31 PM							
ORDER NO. : 839484-005							
CUSTOMER NO: 8278352							
FOREIGN FILINGS							
NAME: ROUTE REPORTS INC.							
XXXX QUALIFICATION (TYPE: CO)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

	istration Section ision of Corporation				
SUBJECT	ROUTE F	REPORTS INC.			
	·	Name of corpo	oration - mus	st include suffix	
Dear Sir or	Madam:				
"Certificate	of Existence,"	or "Certificate of Goo	d Standing"	and check are sub	
Please retur	n all correspon	REPORTS INC. Name of corporation - must include suffix In by Foreign Corporation for Authorization to Transact Business in Florida," or "Certificate of Good Standing" and check are submitted to register the corporation to transact business in Florida. Indence concerning this matter to the following: Name of Person			
		Na	Name of corporation - must include suffix Foreign Corporation for Authorization to Transact Business in Florida," 'Certificate of Good Standing" and check are submitted to register the oration to transact business in Florida. ce concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip code mail address: (to be used for future annual report notification) ming this matter, please call: at () Area Code Daytime Telephone Number ADDRESS: Registration Section Division of Corporations P.O. Box 6327 t, Suite 810 Tallahassee, FL 32314 Sowing amount: CORIDA DEPARTMENT OF STATE 78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee. Certificate of Status Certificate of Status & Certificate		
		Fin	n/Company		
		 .	Address		
		City/S	State and Zip	code	
		E-mail address: (to be	used for futi	are annual report r	notification)
For further i	nformation cor	neerning this matter, pl	ease call:		
Nai	me of Person	Are	a Code	Daytime Telep	hone Number
Reg Div The 241	istration Section ision of Corpor Centre of Tall	on ations ahassee treet, Suite 810		Registration S Division of Co P.O. Box 632	ection orporations 7
	check payable to	: FLORIDA DEPARTI	☐ \$ 78.	75 Filing Fee &	

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.

. 51	railable in Florida, enter alternate corporate name a		•	
2. Delaware (State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 06/14/2019	5.			
	ate of incorporation)	(Date of duration, if other than perpetual)		
6	_			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		ility)	
27 Patcham	Terrace London, SW 4EX United Kingdon		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
/		re street address)		
27 Patcham	Terrace London, SW 4EX United Kingdon			
	(Current mailing	g address, if different)	- 2	
8. Name and <u>st</u>	reet address of Florida registered agent: (P.O Corporation Service Company	. Box <u>NOT</u> acceptable)	AN FILE 2023 JUN 28 SECRETARY TALLAHOUSSI	
Office Address	1201 Hays Street		RED AMID: L	
	Tallahassee	 . Florida ³²³⁰¹	[0] [0]	
	(City)	(Zip code)		
Having been n designated in t further agree to	agent's acceptance: amed as registered agent and to accept service his application, I hereby accept the appointme o comply with the provisions of all statutes re iar with and accept the obligations of my pose Corporation Service Company	ent as registered agent and ag lative to the proper and compl	ree to act in this capacity.	

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. Name: Connell McLaughlin □ Chairman ☐ Chairman Name: □Vice Chairman Address: 27 Patcham Terrace □Vice Chairman Address: London, SW8 4EX United Kingdom ☑ Director □Director ☑ President □President □Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other ______ □Other _____ □Other ___ □Other _____ □Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: _____ Director Director □ President □ President □Vice President _____ □ Vice President □ Secretary ☐ Secretary □Treasurer ☐ Treasurer □Other ____ □Other _____ Other _____ Name: ☐ Chairman Name: □ Chairman □Vice Chairman Address: □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. 12. ____ Connell AKLinghlin 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.

(Typed or printed name and capacity of person signing application)

Connell McLaughlin, President



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

DELAWARE, DO HEREBY CERTIFY "ROUTE REPORTS 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 TWENTY-EIGHTH DAY OF JUNE, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROUTE REPORTS INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JUNE, A.D. 2019.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203644412

Date: 06-28-23