## F23000005406

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

09/21/2023

Date:

Ref#

		Acc#I20160000072			
Name:	R10 Organization Inc.				
Document #:					
Order #:	15136912				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of					
Apostille/Notarial Certification:		ountry of Destination: umber of Certs:			
Filing: 🗸	Certified:  Plain:  COGS:		Email Address for Annual Report Notification		
Availability  Document  Examiner  Updater  Verifier	Amount: \$	78.75			

Thank you!

## 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.

R10 Organization			
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	<b>ξ,</b> "
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transactin	g business in Florida)
Delaware	3 82	2-4357797	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
1/26/2018			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)	(IV)
1001 O Dl.ul	·	. P.S., to determine penany naom	,
·————	., Suite 8, Delray Beach, FL 33483 (Principal office	street address)	
	(i i incipai office	<u>street</u> addressy	
	(Current mailing	address, if different)	
	, C		202
. Name and stree	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	2023 SEP SEUGAGO SALUAN
	Capital Corporate Services, Inc.		P 2
Name:	STE CACT DADY AVENUE OND EL	<del></del>	
Office Address:	515 EAST PARK AVENUE 2ND FL		
	TALLAHASSEE	, Florida	5:46
	(City)	(Zip code)	6

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.

Lo Saechao, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(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.

A. DIRECTORS						
Chairman	Matt J. Wollman	Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
■ Director	Delray Beach, FL 33483	□Director				
President		President				
□Vice President		☐Vice President				
Secretary	<b>■</b> Treasurer	Secretary	☐ Tressurer			
(1) Other	Other	□ Other	Other			
Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address:	☐Vice Chairman	Address:			
□Director		Director				
☐ President		□President				
□Vice President		☐Vice President				
☐ Secretary	☐Tressurer	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	☐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. 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 a.817.155, F.S.  Matt J. Wollman, President/Secretary/Treasurer						

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "R10 ORGANIZATION 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 EIGHTEENTH DAY OF SEPTEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204186050

Date: 09-18-23