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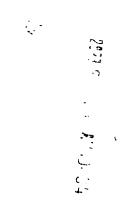
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	tration Section ion of Corporations				
SUBJECT:	Spritzmonkey, Inc.				
Name of corporation - must include suffix					
Dear Sir or M	adam;				
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Stand	ding" and check are subm		
Please return	all correspondence concern	ing this matter	to the following:		
Abby Riegler					
7		Name of I	Person		
Thorelli & Ass	ociates				
		Firm/Com	pany	···	
70 W. Madisor	St., Suite 5750				
	· · · · ·	Addre	SS	<del> </del>	
Chicago, IL 60	602				
		City/State ar	nd Zip code		
abby@thorelli.	com				
	E-mail address	s: (to be used fo	or future annual report no	tification)	
For further in	formation concerning this n	natter, please c	all:		
Abby Riegler		at (	357-0300		
Nam	e of Person	Area Code		one Number	
Regis Divis The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
	check for the following americk payable to: FLORIDA Ding Fee	EPARTMENT  ng Fee &	OF STATE   \$78.75 Filing Fee &   Certified Copy	S87.50 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.

Spritzmonkey, I	Inc.			
	corporation; must include "INCORPORATED," " forp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacting bus	siness in Florida)	
Delaware 2.	3			
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 09/01/2023	5.			
(Date	c of incorporation) 5	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in Fi (SEE SECTIONS 607.1501 & 607.1502			
3902 Henderso	on Boulevard, Tampa, Suite 208 #20, FL 33629	, , , , , , ,		
7	(Principal office	street address)		
	(Current mailing a	ddress, if different)		
8. Name and street	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	2827	
Name:	Corporation Service Company	<del></del>	,=,	
Office Address:	1201 Hays Street	_	• .	
	Taliahassee	, Florida	<b>3</b>	
	(City)	(Zip code)	<u> </u>	
Q Registered an	ent's acceptance:		<u>ب</u> ب	
	ent sacceptance.	of managed for the above stated con		

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.

Melissa Clarke, Melissa Clarke, Asst. V.P.
(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]:

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: Church Side Suite 1	□Vice Chairman	Address:			
■Director	Church Road Business Centre	Director	Church Road Business Centre			
President	Church Road, Brightlingsea	□President	Church Road, Brightlingsea			
□Vice President	Colchester, England, CO7 0GG, UK	□Vice President	Colchester, England, CO7 0GG, UK			
□Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Other	Other			
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Thomas H. Thorelli  Name:  70 W. Madison St., Suite 5750  Chicago, IL 60602  ☐ Treasurer  ☐ Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	□Treasurer			
□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 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.  Thomas H. Thorelli, Secretary						

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SPRITZMONKEY, 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 SEVENTH DAY OF SEPTEMBER, A.D. 2023.

THE PARTY OF THE P

Authentication: 204119505

Date: 09-07-23