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4.

DATE: 10/13/2023

NAME: 100.CO INCUBATOR, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

**RETURN: PLAIN COPY PLEASE** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

# **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_\_

Name of corporation - must include suffix

Dear Sir or Madam:

. . . .

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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:

Alejandro Aguirre

	Name	of Person	
100.co Incubator, Inc.			
	Firm/C	Company	
381 NE 191St PMB 34519			
1914 · · · · · · · · · · · · · · · · · · ·	Ac	ldress	
Miami, FL 33179			
	City/Stat	e and Zip code	
alejandro@100.co, accounting@1		•	
E-m	ail address: (to be use	ed for future annual	report notification)
For further information concers Alejandro Aguirre			
	at (	934-7944	
Name of Person	Area C	ode Daytime	e Telephone Number
STREET/COURIER	ADDRESS:		ING ADDRESS:
Registration Section Division of Corporatio	ne	-	ation Section m of Corporations
The Centre of Tallahas			ox 6327
2415 N. Monroe Street Tallahassee, FL 32303	, Suite 810		issee, FL 32314
Enclosed is a check for the foll Please make check payable to: FL		NT OF STATE	
🛢 \$70.00 Filing Fee 👘 🗆 \$1	8.75 Filing Fee & ertificate of Status		cc & □ \$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 RÈGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

100.co Incubator, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)		
Delaware	3. 8	7-2374921			
(State or countr	3. 3.   State or country under the law of which it is incorporated) (FEI number, if applicable)		applicable)		
	5				
(Date of incorporation)		5(Date of duration, if other than perpetual)			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		ility)		
381 NE 191St PN	4B 34519 Miami, FL 33179				
<u> </u>	(Principal office	street address)	2023		
	(Current mailing	address, if different)			
. Name and stree	et address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	3 PH		
Name:	Paracorp Incorporated		5: 40		
office Address:	155 Office Plaza Drive, 1st Floor		<b>10</b>		
	Tallahassee	. Florida <sup>32301</sup>			
	(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.

see attachment page

(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

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Chairman	Kim Perell Name:	□Chairman	Alejandro Aguirre Name:
☐ Vice Chairman	4420 N Bay Rd Address:	□Vice Chairman	Address:
Director	Miami Beach, FL 33140	Director	Coral Gables, FL 33134
□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	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	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.

13. Alejandro Aguirre, VP Finance

# STATE OF FLORIDA

## **REGISTERED AGENT CONSENT FORM**

DATE: 10/12/2023

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ENTITY NAME: 100.co Incubator, Inc.

### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

lesser

Leticia Herrera, Assistant Secretary Paracorp Incorporated



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "100.CO INCUBATOR, 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 THIRD DAY OF OCTOBER, 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 "100.CO INCUBATOR, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2020.

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



Jeffrey W. Bulloch, Secretar

Authentication: 204296698 Date: 10-03-23

3961854 8300

SR# 20233638846 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1