# F23000006519

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. :	I2000	3000	0195
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REFERENCE : 122528 7653932

AUTHORIZATION

COST LIMIT : \$/70.00

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ORDER DATE: November 8, 2023

ORDER TIME : 10:08 AM

ORDER NO. : 122528-020

CUSTOMER NO: 7653932

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#### FOREIGN FILINGS

NAME: ODYSSEUS SOFTWARE COMPANY,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Odysseus Software Com	pany, Inc.		
	me of corporation - n	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence." or "Certificate above referenced foreign corporation	cate of Good Standin	g" and check are subr	
Please return all correspondence conc	erning this matter to	the following:	
Kevin M. Levy, Esq.			
	Name of Per	son	
GrayRobinson, P.A.			
	Firm/Compar	ıy	
333 SE 2nd Avenue, Suite 3200			
	Address	-	
Miami, FL 33131			
	City/State and 2	Zip code	
kevin.levy@gray-robinson.com			
E-mail add	ress: (to be used for f	uture annual report no	otification)
For further information concerning th	is matter, please call:		
Jordan Suarez	813	728-8929	
Name of Person	at (813 Area Code	Daytime Teleph	one Number
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for the following Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 F	A DEPARTMENT OF Tiling Fee & \$7	STATE 8.75 Filing Fee & ertified Copy	☐ \$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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  1101 W. Cleveland Street, Tampa, Fl. 33606  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ed Suarez	Dalawara	able in Florida, enter alternate corporate name ad			orida)	•
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  1101 W. Cleveland Street, Tampa, Fl. 33606  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ed Suarez	(State or countr	3	(FFI number if ann	licable)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  1101 W. Cleveland Street, Tampa, Fl. 33606  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ed Suarez		·				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  1101 W. Cleveland Street, Tampa, Fl. 33606  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ed Suarez	(Date	of incorporation)	(Date of duration, if other th	ian perpetual)		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  1101 W. Cleveland Street, Tampa, F1, 33606  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ed Suarez	(15 1110	er meerperanen,	(Date of Guidion, if other th	un perpetuar,		
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ed Suarez		(SEE SECTIONS 607.1501 & 607.150)		y)		ı
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ed Suarez	1101 W. Clevelar	nd Street, Tampa, Fl. 33606				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ed Suarez		(Principal office	: street address)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ed Suarez				<del></del>		
1101 W. Clayaland Street		(Current mailing	address, if different)		2	
1101 W. Clayaland Street	Name and stree		Box NOT acceptable)		)23 NOV	
1101 W. Clayaland Street	Name:	Ed Suarez	<del></del>		_	
	ffice Address:		_		PH 4:	
Tampa . Florida 33606		Tampa	. Florida <sup>33606</sup>		÷.	7,
(City) (Zip code) $\omega$		(City)	(Zip code)		3 <b>8</b>	

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.

## DoguSign Envelope ID; 71D04A9E-F6CC-4FCA-B4D8-2341359261F8

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Tampa, FL 33606	Director		
President		□President		
□Vice President		□Vice President		
<b>■</b> Secretary	<b>■</b> Treasurer	Secretary	□Treasurer	
□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. Jordan Suar	ez			
• • • • • • • • • • • • • • • • • • • •			<del></del>	

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ODYSSEUS SOFTWARE COMPANY, 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 SIXTEENTH DAY OF NOVEMBER,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ODYSSEUS SOFTWARE COMPANY, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204610897

Date: 11-16-23