## F24000000541

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Pusings Entity Nama)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration : Division of C					
SUBJ	ECT:	200 TT Name	LE ,	INC		
		Name	of corporati	on - mi	ist include suffix	
Dear S	ir or Madam:					
Ceni	ficate of Existe	cation by Foreign C nee," or "Certificat rign corporation to	e of Good St	anding	and check are sub-	t Business in Florida," nitted to register the
Please	return all corre	spondence concert	ning this matt	er to th	ne following:	
	C	HRISTOS	PERAKI	5		
			Name (	of Perse	on	
		2007TLE,	IN(		,	
	/	910 E PALA	1 AVE	I	± 8318	
			Λde	dress	,	
		TAMI	? <u>A /</u>	FC	/33605	
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<u>-</u>		CHR157	cs @20	077	E, COM ture annual report n	
		E-mail addres	ss: (to be use	d for fu	ture annual report n	otification)
For fu	ther information	on concerning this (	natter, please	e call:		
CF	11215705	PERAKIS	at ( 617	)	<b>283-9489</b> Daytime Teleph	
	Name of Per	son	Area Co	nde	Daytime Teleph	none Number
	Registration ! Division of C The Centre o	Corporations f Tallahassee roe Street, Suite 81			MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations
Please		or the following amable to: FLORIDA E  \$78.75 Fili  Certificate	DEPARTMEN ng Fee &	IJ \$78	STATE 3.75 Filing Fee & rtified 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.

"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Cor		COMPANY," "CORPORA	
(If name unavaila	ble in Florida, enter alter	nate corporate name ado	pted for the purpose of tran	sacting business in Florida
DE	AWARE	3		
(State or country	under the law of which	it is incorporated)	(FEI number	. if applicable)
Oc т	31 2014	5.		
			(Date of duration, if	
	1/./	2023		
	(Date first) (SEE SECTION	ransacted business in Flo S 607.1501 & 607.1502.	orida, if prior to registration F.S., to determine penalty	n) Hability)
191	O E PALM	AYE #831	g 7AMfA treet address)	FC 33605
		(Principal office <u>s</u>	treet address)	
		(Current mailing ac	ldress, if different)	
			ov NOT googgaphia	a <sub>0</sub>
Name and street	<u>address</u> of Florida reg	istered agent: (P.O. B	ox <u>ixor</u> acceptancy	
	address of Florida reg	PERAKIS		2024
	address of Florida reg	PERAKIS PAIM AVE #		2024 JAN -
	address of Florida reg	PERAKIS PALM AVE #		2024 JAN -3 /
	address of Florida reg	PERAKIS  PAIM AVE #		2024 JAN -3 AH
	address of Florida reg  CHRISTOS  1910 E  TAMPA  (Ci	PERAKIS  PAIM AVE #	•	2024 JAN -3 AH 7: 5

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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	Name: CHRISTOS PERAKIS	□Chairman	Name:	
□Vice Chairman	Address: 1910 E PALM AVE #E31E	[]Vice Chairman	Address:	
□Director	TAMPA, FL, 33605	[]Director		
President		ElPresident		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	[]Other	[]Other		□Other
(7)(1,	No	Then t		
i∃Chairman	Name:	□Chairman		
	Address:	□Vice Chairman	Address:	
Director		C)Director		
□President		□President		
□Vice President		ElVice 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
Important Notice: Undividuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing our Florida Department	chinent will be imaged nt of State Annual Re	d for reporting purport form.	rrposes only. Non-indexed
12.	Signature of Director o	r Officer		
The officer or direct she is aware that falls.817,155, F.S.	tor signing this document (and who is listed in number lise information submitted in a document to the Departs	r 11 above) affirms th	at the facts stated tes a third degree	herein are true and that he of felony as provided for in
13	(Typed or printed name and capacity of person	on signing application	)	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ZOOTTLE, 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 THIRTEENTH 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 SAID "ZOOTTLE, INC."

WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2014.

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

To the second se

Authentication: 204156963

Date: 09-13-23