-z4000001931

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(Requestor's Name)
i (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer
W24-55744
WC-7-1-1-1-1

Office Use Only



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2024 APR -9 NH11: 15

APR 1 0 2024 K. Brumbley



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2024

CORP ACCESS

SUBJECT: PUSH10, INC. Ref. Number: W24000055744

We have received your document for PUSH10, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 224A00007502

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor



CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 4/5

(CERTIFIED COPY	<u> </u>			
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]	PUSH 10 INC.				
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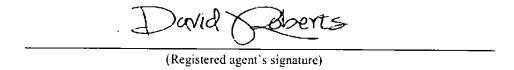
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Push10, Inc.					
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED," "	COMPANY," "CORPORATION,"		
(If name unavail	lable in Florida, enter alternate corporate na	ıme ado	pted for the purpose of transacting bu	siness in Florida)	
Florida 2.		3			
(State or count	untry under the law of which it is incorporated) (FEI number of the law of which it is incorporated)		(FEI number, if applica	nber, if applicable)	
4		5.			
(Date	(Date of incorporation)		(Date of duration, if other than	perpetual)	
6.					
7	venue, Suite 1950, #1302, Miami, FL 33131 (Principal		street address)		
	(Current ma	ailing a	ddress, if different)		
8. Name and streen Name: Office Address:	et address of Florida registered agent: (Registered Agents Inc. 7901 4th St N., Stc. 300 St. Petersburg (City)		ox NOT acceptable) , Florida 33702 (Zip code)	2024 APR -9 AHTH: 15	
	_				

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.



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:	□Chairman	Name: Sabrina Pfautz an Address: 1305 Newton Street, Key West, FL 33131	
□Vice Chairman	Address: 1305 Newton Street, Key West, FL 33131	□Vice Chairman		
Director		Director		
■ President		□President		
□ Vice President		■Vice President		
Secretary	■ 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: 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 your Florida Department.	achment will be imaged ent of State Annual Re	d for reporting purposes only. Non-indexed port form.	
12.	Signature of Director of	. 00		
TPI CE L'				
The officer or direct she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in numbers information submitted in a document to the Depart	er 11 above) affirms the timent of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in	
13. Gregory Hen	ry, President			



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

DELAWARE, DO HEREBY CERTIFY "PUSH10, 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 APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PUSH10, INC."

WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2008.

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

at corp delaware gov/aut

Authentication: 203168438

Date: 04-03-24