document. (((H240001420063)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Mumber : (854)617-6383

Fram:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone : (307)200-2803 : (813)436-5205

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

### FOREIGN PROFIT/NONPROFIT CORPORATION

## Metrolla Inc.

······································	
Certificate of Status	0
Cenified Copy	0
Page Count	04
Estimated Charge	\$70,00

Electronic Filing Menu

Corporate Filing Menu

Help



4/18/2024 11:43:15 PDT: To: 18506176383 Page: 2/4 Fax: 8134365206

# 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.

Metrolla Inc.				
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacting busi	ness in Florida)	
WA	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, it applicab	le)	
06/03/2020	5			
(Date	of incorporation) 5	(Date of duration, if other than perpetual)		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liability)		
7901 4th St N ST	E 300 St. Petersburg, FL 33702			
	(Principal office	street address)	<del></del>	
7901 4th St N ST	E 300 St. Petersburg, FL 33702			
	(Current mailing a	ddress, if different)	<del> </del>	
Name and stree	et address of Florida registered agent: (P.O. E Registered Agents Inc	Box <u>NOT</u> acceptable)	TOTA APR I	
Tice Address:	7901 4th St N STE 300		·	
ince reduces.	St. Petersburg	rsburg , Florida 33702 (Zip code)	14 : 11 HV	
	(City)	(Zip code)	£	
laving been nam esignated in this arther agree to c	(City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my positi	of process for the above stated corp it as registered agent and agree to d tive to the proper and complete per	oration at the pact in this capa	
	David Solver	<u> </u>		
_	(Registered agent's signa	iture)		

<sup>10.</sup> 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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

4/18/2 34365206

024 11:43:15 PDT-	To: 18506176383		Page: 3/4	Fe	ax: 81
A. DIRECTORS					
□Chairman	Name:	_ Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
⊌Director	7901 4th St N STE 300	□Director		· · · · · · · · · · · · · · · · · · ·	
☑ President	St. Petersburg, FL 33702	President			
□Vice President		□ Vice President	<del></del>		
	☑ Treasurer	☐ Secretary		□Treasurer	
□Other	Other	Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director				***************************************	
□President	**************************************	□President		<u>-</u>	
□Vice President		□ Vice President			
□Secretary	☐ Treasurer	□ Secretary		□Treasurer	
□Other	Other	Other		Other	
□Chai⊓nan	Name:	_ □Chainnan	Name:		
∐Vice Chairman	Address:	∪Vice Chairman			
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	□Other	□Other	<u>.                                    </u>	□Other	
individuals may be	Lise an attachment to report more than six (6). added to the index when filing your Florida D  Adapted  Signature of Di		port form.	•	

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.



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

### METROLLA INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/03/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/18/2024 UBI Number: 604 618 287

R Hobbe



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 04, 18-2024