

# F240000002280

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 227-0435

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

Email Address: tgood@trenam.com

Foreign Limited Liability Company  
Squeeze, Inc.

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DIVISION OF CORPORATIONS  
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Corporate Filing Menu

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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.*

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. Delaware (Date of incorporation) 5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4830 West Kennedy Boulevard, Suite 600, Tampa, FL 33609  
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: TK Registered Agent, Inc.

Office Address: 101 E. Kennedy Boulevard, Suite 2700

Tampa, Florida 33602  
(City) (Zip code)

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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.*

*Richard A. Bruner, Jr.*

(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.

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

A. DIRECTORS

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☐ Chairman      Name: Christopher Ogboke  
☐ Vice Chairman      Address: 4830 W. Kennedy Boulevard  
☒ Director      Suite 600  
☒ President      Tampa, FL 33609  
☐ Vice President  
☒ Secretary      ☒ Treasurer  
☐ Other      ☐ Other

☐ Chairman      Name: \_\_\_\_\_  
☐ Vice Chairman      Address: \_\_\_\_\_  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary      ☐ Treasurer  
☐ Other      ☐ Other

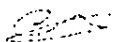
☐ Chairman      Name: \_\_\_\_\_  
☐ Vice Chairman      Address: \_\_\_\_\_  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary      ☐ Treasurer  
☐ Other      ☐ Other

☐ Chairman      Name: \_\_\_\_\_  
☐ Vice Chairman      Address: \_\_\_\_\_  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary      ☐ Treasurer  
☐ Other      ☐ Other

☐ Chairman      Name: \_\_\_\_\_  
☐ Vice Chairman      Address: \_\_\_\_\_  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary      ☐ Treasurer  
☐ Other      ☐ Other

☐ Chairman      Name: \_\_\_\_\_  
☐ Vice Chairman      Address: \_\_\_\_\_  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary      ☐ Treasurer  
☐ 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. Christopher Ogboke  
(Typed or printed name and capacity of person signing application)

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SQUEEZ, 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SQUEEZ, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2024.

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



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SR# 20241665275

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203336746

Date: 04-25-24

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