Fax: 8134

**Division of Corporations** 

## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

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## FOREIGN PROFIT/NONPROFIT CORPORATION PETE 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.

Pete Learning In	ec.		
	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)
Delaware	, 9	2-3543019	-
(State or country	y under the law of which it is incorporated)	(FEI number, if a	applicable)
September 6, 20	23 5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
January 1, 2024			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		ility)
1001 North Orang	ge Avenue, Orlando FL, 3280		
' <u> </u>	(Principal office	street address)	
	(Current mailing	address, if different)	
	(Current mailing	address, if different)	
. Name and stree	(Current mailing t address of Florida registered agent: (P.O.	·	· <u>_</u>
. Name and <u>stree</u> Name:	·	·	202
Name:	t address of Florida registered agent: (P.O. Registered Agents Inc	·	2024 HA
Name:	t address of Florida registered agent: (P.O.	·	2024 HAY -
Name:	t address of Florida registered agent: (P.O.  Registered Agents Inc  7901 4th St N STE 300  St. Petersburg	Box <u>NOT</u> acceptable)	0024 MAY -6
Name:	t address of Florida registered agent: (P.O. Registered Agents Inc	Box <u>NOT</u> acceptable)	0024 MAY -6
Name: Office Address:	t address of Florida registered agent: (P.O.  Registered Agents Inc  7901 4th St N STE 300  St. Petersburg (City)	Box NOT acceptable)	0024 MAY - 6 PM 1:
Name:  Office Address:  Registered age laving been nam	t address of Florida registered agent: (P.O.  Registered Agents Inc  7901 4th St N STE 300  St. Petersburg (City)  ent's acceptance: ed as registered agent and to accept service	Box NOT acceptable)	OPHNY -6 PH I: CAN SSEE, Florida Corporation
Name:  office Address:  Registered age  laving been nam  esignated in this	t address of Florida registered agent: (P.O.  Registered Agents Inc  7901 4th St N STE 300  St. Petersburg (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	Box NOT acceptable)  Florida 33702(Zip code)  tof process for the above statent as registered agent and ag	of the place to act in this capacity
Name: ffice Address:  Registered age faving been nam esignated in this orther agree to co	Registered Agents Inc  7901 4th St N STE 300  St. Petersburg (City)  ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes reli	Box NOT acceptable)  Florida 33702 (Zip code)  r of process for the above state int as registered agent and ag ative to the proper and comple	of the place to act in this capacity
Name:  Office Address:  Registered age laving been namesignated in this orther agree to contact the contact that the contact in the contact that the contact the c	t address of Florida registered agent: (P.O.  Registered Agents Inc  7901 4th St N STE 300  St. Petersburg (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	Box NOT acceptable)  Florida 33702 (Zip code)  r of process for the above state int as registered agent and ag ative to the proper and comple	of the place to act in this capacity
Name:  Office Address:  Registered age laving been names esignated in this curther agree to contact the second sec	Registered Agents Inc  7901 4th St N STE 300  St. Petersburg (City)  ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes reli	Box NOT acceptable)  Florida 33702 (Zip code)  r of process for the above state int as registered agent and ag ative to the proper and comple	of the place to act in this capacity
Name: Office Address:  Registered age daving been nam lesignated in this further agree to contact the second secon	Registered Agents Inc  7901 4th St N STE 300  St. Petersburg (City)  ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes reli	Box NOT acceptable)  Florida 33702 (Zip code)  r of process for the above state int as registered agent and ag ative to the proper and comple	of the place to act in this capacity

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.

5/6/2024 10:20:08 PDT DocuSign Envelope ID. 84 A. DIRECTORS	To: 18506176383 4D861D3-6E34-49FE-8A45-70BC1FA7D9F2	:	Рвge: 3/4		Fex;
□ Chairman	Name:	□ Chairman	Name:	<del>-</del>	
□Vice Chairman	Address: 1001 North Orange Avenue	□Vice Chairman	Address:		
<b>■</b> Director	Orlando FL. 3280	⊔Director	<del></del>		<u></u>
□President		□President			
□Vice President		□Vice President	- <del>-</del>		
■ Secretary	☐Treasurer	□ Secretary		□Treasurer	
CEO Other	□Other	Other		□Other	
□Chairman □Vice Chairman ■Director □President □Vice President □Secretary	David Gardner  Name:  9129 Sanctuary Court  Address:  Raleigh, NC 27617	□Vice Chairman □Director □President	Address:	□Treasurer	
Other		·		Other	
□Chairman □Vice Chairman □Director ■President □Vice President	Luis Garcia Name:  1001 North Orange Avenue Address: Orlando FL, 3280	□Chairman □Vice Chairman □Director □President □Vice President			
□ Secretary	<b>■</b> Treasurer	□Secretary		Treasurer	

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Other\_

□Other \_

Other\_

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.

, Jacques Fu, CEO



Page 1

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

DELAWARE, DO HEREBY CERTIFY "PETE 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 MAY, 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 "PETE INC." WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 203394566

Date: 05-03-24