## F24000003389

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
2e5h24
Sign W24-83831
Office Use Only



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K. SALY JUN 24 2024

6/21



June 4, 2024

ALEX RATTRAY STAINLESS SOFTWARE INC. 180 VARICK STREET RM. 1230 NEW YORK, NY 10014

SUBJECT: STAINLESS SOFTWARE INC.

Ref. Number: W24000083831

We have received your document for STAINLESS SOFTWARE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 924A00012088

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JUN 21 2024

## **COVER LETTER**

	Registration Section Division of Corpor				
SUBJE	CT: STAINLESS	SOFTWARE INC.			
O DOL	CI	Name of corporat	ion - m	ust include suffix	<del></del>
Dear Sir	or Madam:				
"Certific	ate of Existence,"	by Foreign Corporation of or "Certificate of Good Sorporation to transact bus	Standing	and check are sub	
Please re	turn all correspond	lence concerning this ma	tter to t	he following:	
Alex Ratti	ray				
		Name	of Pers	on	
STAINLE	SS SOFTWARE INC	).			
		Firm/C	Compan	y'	
180 Vario	k Street Rm. 1230				
		Ac	dress	· · · · · · · · · · · · · · · · · · ·	
New York	. NY 10014				
		City/Stat	e and Z	ip code	
taxops+st	ainlesssoftware@kn	uzeconsulting.com			
		E-mail address: (to be use	d for fi	iture annual report r	otification)
For furth	er information con	cerning this matter, pleas	se call:		
McKenzie	McDufff	254 at (	) 7	16-9009	
	Name of Person	Area C	ode	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please ma	ke check payable to	following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$73	STATE 8.75 Filing Fee & rtified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORAT	TION,"	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transa	acting business in Florida)	
Delaware	3	87-1897393 3.		
(State or countr	y under the law of which it is incorporated)	(FEI number,	if applicable)	
07/27/2021	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
04/22/2024				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
180 Varick S	treet Rm. 1230, New York, NY 1001	4		
	<del>-</del>	e street address)		
169 Madisor	n Ave STE 11139, New York, NY 10	016.		
	(Current mailing	g address, if different)		
	(Current mailing			
Name and stree	(Current mailing et address of Florida registered agent: (P.O	g address, if different)	2824	
Name and <u>stree</u> Name:		g address, if different)	2824 JUH FALLAH	
Name:	et address of Florida registered agent: (P.O	g address, if different)	2024 JUN 21	
Name:	et address of Florida registered agent: (P.O Northwest Registered Agent LLC	g address, if different)  Box NOT acceptable)	MA JUN 21 AH H	
Name:	et address of Florida registered agent: (P.O. Northwest Registered Agent LLC 7901 4th St N STE 300	g address, if different)  Box NOT acceptable)	2024 JUN 21 AM 4: 26	
Name: fice Address:	Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)	g address, if different)  Box NOT acceptable)  , Florida 33702	2024 JUN 21 AM 4: 25 PALLAHASSEE FLORIDS	
Name: fice Address:  Registered age	et address of Florida registered agent: (P.O Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)	g address, if different)  Box NOT acceptable)  , Florida 33702 (Zip code)	H 4: 25	
Name: fice Address:  Registered agwing been naming to this	Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  sed as registered agent and to accept service application, I hereby accept the appointm	g address, if different)  Box NOT acceptable)  , Florida 33702 (Zip code)  re of process for the above sient as registered agent and	tated corporation at the pla agree to act in this capacit	
Name: fice Address:  Registered ago wing been nam signated in this rther agree to c	Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  sed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re	g address, if different)  Box NOT acceptable)  , Florida 33702  (Zip code)  re of process for the above sizent as registered agent and clative to the proper and com	tated corporation at the pla agree to act in this capacit	
Name: fice Address:  Registered againg been naming been this signated in this of the control of	Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  sed as registered agent and to accept service application, I hereby accept the appointm	g address, if different)  Box NOT acceptable)  , Florida 33702  (Zip code)  re of process for the above sizent as registered agent and clative to the proper and com	tated corporation at the pla agree to act in this capacit	
Name: fice Address:  Registered ago  aving been nam  signated in this  rther agree to c	Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  sed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re	g address, if different)  Box NOT acceptable)  , Florida 33702  (Zip code)  re of process for the above sizent as registered agent and clative to the proper and com	tated corporation at the pla agree to act in this capacit aplete performance of my d	

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. **RECEIVED** 

JUN 2 1 2024

A. DIRECTORS	•		
□Chairman	Name: Alex Rattray 180 Varick Street Rm. 1230, New York,	□ Chairman	Name:
□Vice Chairman	Address: NY 10014	□Vice Chairman	Address:
□Director		□Director	
President		□President	
□Vice President		□ Vice President	
□Secretary	Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman □Vice Chairman	Name:	□Chairman	Name:
□Director		□Director	- F - C
□President		□President	500 3 C
□Vice President		□Vice President	- 65 2
□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 attace added to the index when filing your Florida Department	nt of State Annual Re	d for reporting purposes only. Non-indexed eport form.
<u> </u>	Signature of Director of	r Officer	
The officer or direction she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in number lise information submitted in a document to the Departm	nent of State constitu	ites a third degree felony as provided for in
13	(Typed or printed name and capacity of person	n signing application	<u> </u>
	J. J	S.G B akknownon	,



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

DELAWARE, DO HEREBY CERTIFY "STAINLESS SOFTWARE 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 NINETEENTH 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 "STAINLESS SOFTWARE INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2021.

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

2024 JUN 21 AM 4: 26

Jeffrey W Bulleck, Secretary of State

Authentication: 203293025

Date: 04-19-24

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