F24000003974

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200433435972

07/23/24--01002--015 **78.75

RECEIVED

JUL 2 2 2024

SECRETARY OF STATEMS
SHOW OF CORPORATIONS
24 JUL 22 PM 4: 02

COVER LETTER

	tration Section on of Corporat	ions			
SUBJECT:	Siratech, Inc.				
SOBHICT.		Name of corporatio	n - must include suffix		
Dear Sir or M	adam:				
"Certificate of	'Existence," or	y Foreign Corporation for "Certificate of Good Sta poration to transact busin	nding" and check are sub		
Please return a	all corresponde	nce concerning this matte	er to the following:		
Richard Ander	son				
		Name of	Person		
Siratech, Inc.					
		Firm/Co	npany		
118 Topsail Dr	rive				
·—		Add	ress		
Santa Rosa Bea	ach, Florida 324:	59			
		City/State	and Zip code		
richard@sirate					
	15-	mail address: (to be used	for future annual report	notification)	
For further inf	ormation conce	crning this matter, please	call:		
Richard Anders	son	at (512 Area Co	468-4160	468-4160	
Name	of Person	Area Coo	de Daytime Telep	phone Number	
Regis Divisi The C 2415 i	ET/COURIE tration Section on of Corporat entre of Tallah N. Monroe Stre nassee, FL 323	ions assec et, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Orporations 7	
	eck payable to: I	ollowing amount: FLORIDA DEPARTMEN S78.75 Filing Fee & Certificate of Status	T OF STATE ■ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

Siratech, Inc.			
	orporation: must include "INCORPORATEE orp." "Inc." "Co," or "Corp.")	D." "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)	
Texas	3	45-4001201	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
November 28, 20	H1 5	;.	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
August 1, 2024			
	(Date first transacted business (SEE SECTIONS 607,1501 & 607,	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
118 Topsail Drive	, Santa Rosa Beach, FL 32459		
71:21:12-12-12-12-12-12-12-12-12-12-12-12-12-1	(Principal of	ffice street address)	
	(Current mail:	ing address, if different)	
Name and stree	t address of Florida registered agent; (P.	.O. Box <u>NOT</u> acceptable)	
Name:	Brenda Anderson		
ffice Address:	118 Topsail Drive		
rice radicss.	Santa Rosa Beach, Ft.	Florida 32459	
	(City)	, Florida 32459 (Zip code)	
aving been name esignated in this orther agree to co	application, I hereby accept the appoint	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity, relative to the proper and complete performance of my dut position as registered agent.	
_	Bunda A (Registered agent's	Indus ~ 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						
[]Chairman	Name: Richard Anderson	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address: 118 Topsail Drive			
□ Director	Santa Rosa Beach, FL 32459	□Director	Santa Rosa Beach, FL 32459			
■ President		□President				
□Vice President		₩Vice President				
□ Secretary	☐ Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chaitman	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	- Table 11			
President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	□Secretary	□Treasurer			
□()ther		□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 was be added to the index when filing your Florida Department of State Annual Report form.						
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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.						



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Siratech, Incorporated (file number 801512395), a Domestic For-Profit Corporation, was filed in this office on November 28, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 27, 2024.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jane Nelson Secretary of State

Fax: (512) 463-5709