## F24000004200

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## **COVER LETTER**

	ion of Corporations			
SHRJECT:	IMMIGR8, INC.			
	Name of c	orporation - mus	include suffix	-
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corpe f Existence," or "Certificate of ced foreign corporation to trans	Good Standing"	and check are submitted	iness in Florida," I to register the
Please return	all correspondence concerning	this matter to the	following:	
	J	ohn Ainsworth,	Esq.	
		Name of Persor	I	
	Ain	sworth & Clanc	/. PLLC	
<del></del>	·	Firm/Company		
	182	6 Ponce de Lei	on Blvd	
		Address		
	C	oral Gables, FL	. 33134	
	(	City/State and Zip	code	
	info	@business-esc	.com	
	E-mail address: (	to be used for fut	ure annual report notific	cation)
For further in	nformation concerning this matt	er, please call:		
John Ainsv	vorth at	(305) 60	00-3816	
Nar	ne of Person	Area Code	Daytime Telephone	Number
Reg Divi The 241	REET/COURIER ADDRESS: istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING ADDE Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	n rations
Enclosed is Please make	a check for the following amou check payable to: FLORIDA DEF iling Fee S78.75 Filing Certificate of	Fee & S78	STATE .75 Filing Fee &	\$87.50 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.

(State or country under the law of which it is incorporated)  3/30/2023  5.  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  802 E Whiting St. Tampa FL 33602  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ainsworth & Clancy, PLLC	(15 no mo mo mo mi)	Al. C. Plane		
(State or country under the law of which it is incorporated)  3/30/2023 5.  (Date of incorporation) 5.  (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  802 E Whiting St. Tampa FL 33602  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ainsworth & Clancy, PLLC  Diffice Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City)  Registered agent's acceptance:	(11 name unavana			g business in Florida
(Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  802 E Whiting St. Tampa FL 33602  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ainsworth & Clancy, PLLC  Office Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City)  Registered agent's acceptance:	<u>Delaware</u>			
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  802 E Whiting St. Tampa FL 33602  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ainsworth & Clancy, PLLC  Office Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City)  Registered agent's acceptance:		y under the law of which it is incorporated)	(FEI number, if ap	plicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  802 E Whiting St. Tampa FL 33602  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ainsworth & Clancy, PLLC  Office Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City)  Registered agent's acceptance:	·	5.		
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  802 E Whiting St. Tampa FL 33602  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ainsworth & Clancy, PLLC  Office Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City) (Zip code)	j			
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ainsworth & Clancy, PLLC  Office Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City) (City) (Zip code)		(Date first transacted business in	1 Florida, if prior to registration)	***
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ainsworth & Clancy, PLLC  Office Address: 1826 Ponce de Leon Blvd  Coral Gables Florida 33134  (City) Florida 33134  (City) City	802 F Whiting		702, 1.3., to determine penany naom	(y)
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ainsworth & Clancy, PLLC  Office Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City) (City) (Zip code)	, OOZ L VYINIII		Cu street address	·
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Office Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City) (Zip code)		(Current mailin	up address, if different)	
Office Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City) (Zip code)		(Current mailin	g address, if different)	~
Office Address: 1826 Ponce de Leon Blvd  Coral Gables , Florida 33134  (City) (Zip code)	. Name and stree			2024
Coral Gables , Florida 33134 (City) (Zip code)		t address of Florida registered agent: (P.C		2024 AUG
Registered agent's acceptance:		t address of Florida registered agent: (P.C.Ainsworth & Clancy, PLLC		2024 AUG
Registered agent's acceptance:	Name:	t address of Florida registered agent: (P.C.Ainsworth & Clancy, PLLC		9
Registered agent's acceptance:	Name:	t address of Florida registered agent: (P.C Ainsworth & Clancy, PLLC 1826 Ponce de Leon Blvd	). Box <u>NOT</u> acceptable)	9
	Name:	t address of Florida registered agent: (P.C Ainsworth & Clancy, PLLC 1826 Ponce de Leon Blvd	). Box <u>NOT</u> acceptable)	9
	Name: Office Address:	t address of Florida registered agent: (P.C. Ainsworth & Clancy, PLLC  1826 Ponce de Leon Blvd  Coral Gables  (City)	). Box <u>NOT</u> acceptable)	
	Name: Office Address: Registered age Having been nam designated in this	t address of Florida registered agent: (P.C. Ainsworth & Clancy, PLLC  1826 Ponce de Leon Blvd  Coral Gables  (City)  ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm	7. Box NOT acceptable) , Florida 33134  (Zip code)  The above states and agreement as registered agent and agree.	l corporation at the
	Name: Office Address: Registered age laving been nam esignated in this urther agree to co	Ainsworth & Clancy, PLLC  1826 Ponce de Leon Blvd  Coral Gables  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re	D. Box NOT acceptable) , Florida 33134  (Zip code)  The above stated agent and agreelative to the proper and complete to the proper and complete.	l corporation at the
	Name: Office Address:  Office Address:	Ainsworth & Clancy, PLLC  1826 Ponce de Leon Blvd  Coral Gables  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re	D. Box NOT acceptable) , Florida 33134  (Zip code)  The above stated agent and agreelative to the proper and complete to the proper and complete.	l corporation at the
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of n nd I am familiar with and accept the obligations of my position as registered agent.	Name: Office Address:  Office Address:	Ainsworth & Clancy, PLLC  1826 Ponce de Leon Blvd  Coral Gables  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re	D. Box NOT acceptable) , Florida 33134  (Zip code)  The above stated agent and agreelative to the proper and complete to the proper and complete.	l corporation at the
	Name: Office Address:  Office Address:	Ainsworth & Clancy, PLLC  1826 Ponce de Leon Blvd  Coral Gables  (City)  ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes rewith and accept the obligations of my positions.	D. Box NOT acceptable) , Florida 33134  (Zip code)  ce of process for the above stated ment as registered agent and agreelative to the proper and complete sition as registered agent.	l corporation at the

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

## A. DIRECTORS Name: Daniel Milne □Chairman □ Chairman Name: \_\_\_\_\_ Address: 802 E Whiting St. Tampa FL 33602 □Vice Chairman Address: □Vice Chairman □ Director □Director ☐ President ☐Vice President ☐ Vice President ☐Secretary ☐ Treasurer □ Secretary ! Treasurer Other \_\_\_\_\_ □ Other Other\_ Other \_\_\_\_ □ Chairman □ 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: \_\_\_\_\_ Address: □Vice Chairman Address: ☐ Vice Chairman □ Director Director ☐ President President □Vice President \_\_\_ ☐ Vice President ☐Secretary □Treasurer ☐ Treasurer □ Secretary ☐ 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. Daniel Milne 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.

(Typed or printed name and capacity of person signing application)

Daniel Milne - President





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

DELAWARE, DO HEREBY CERTIFY "IMMIGR8, 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 EIGHTH DAY OF AUGUST, A.D. 2024.

Authentication: 204122023

Date: 08-08-24