# F24000004539

(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:	$\neg$
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Office Use Only



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### **COVER LETTER**

то:	_	tration Section ion of Corpora				
SURI	ECT:	HEUTE, INC.				
3000	13011		Name of corpo	ration -	must include suffix	
Dear S	Sir or M	adam:				
"Certi	ficate o	f Existence," o		d Standi	ng" and check are subi	et Business in Florida." mitted to register the
Please	return	all correspond	ence concerning this	matter to	the following:	
Daniel	Christn	nann				
			Na	ne of Pe	rson	
Christi	mann Le	gal				
			Firm	n/Compa	nny	
20808	N Main	Street STE 103				
				Address	;	,
Come	lius, NC	28031				
			City/S	State and	Zip code	
daniel	@christi	nannlegal.com				
			E-mail address: (to be	used for	future annual report n	otification)
For fu	rther in	formation con	cerning this matter, p	lease cal	l:	
Daniel	Christn	at ()				
	Nam	e of Person		a Code	Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Solution of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	make ch	eck payable to:	following amount:  FLORIDA DEPART:  \$78.75 Filing Fee &  Certificate of Status	: 🗆 :	OF STATE \$78.75 Filing Fee & Certified 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.

i. HEUTE, IN			
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
PROFIL	GATE INC.		
(If name unavaila	DATE INC. able in Florida, enter alternate corporate name ado	pted for the purpose of transacting busin	ess in Florida)
North Ca	arolina 3.		
(State or countr	(FEI number, if applicable	e)	
08/02/20	)16		
(Date	of incorporation) 5.	(Date of duration, if other than per	rpetual)
10151 Deei	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502) (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)	F.S., to determine penalty liability)	32256
	(Principal office		
· · · ·	(Current mailing a	ddress, if different)	<del> </del>
Name and stree	et address of Florida registered agent: (P.O. E	lox <u>NOT</u> acceptable)	707
Name:	Registered Agents Inc		(C)
ffice Address:	7901 4th St N STE 300	<del>_</del>	2024 AUG 23
	St. Petersburg	, Florida 33702 (Zip code)	2
	(City)	(Zip code)	PH 2: 57
•	ent's acceptance:		-
	sed as registered agent and to accept service application, I hereby accept the appointmen		
	omply with the provisions of all statutes rela		

ce y. 1 uties, and I am familiar with and accept the obligations of my position as registered agent.

(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.

#### · A. DIRECTORS Christian Wolf Daniel Christmann Name: ☐Chairman □ Chairman Hoehscheider Weg 37 20808 N Main Street Address: \_ ☐ Vice Chairman □ Vice Chairman Address: 42699 Solingen STE 103 □Director □ Director Germany Cornelius, NC 28031 ■President □President □Vice President □ Vice President Treasurer ■ Secretary □Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other\_\_\_\_ Wolf Loewe Name: \_ □ Chairman □ Chairman Name: 10151 Deerwood Park Blvd; Bi □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: Suite 250 □ Director ☐Director Jacksonville, FL 32256 □President □ President □Vice President \_\_\_\_\_ ☐ Vice President Treasurer □ Secretary □Treasurer □ Secretary □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 \_\_\_\_\_ 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 Dopartment 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.

Daniel Christmann, Secretary



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Daniel Christmann		, do hereby certify
(Name)		
that this Resolution of the Board of Directors of HEUT	E. INC.	
that this Resolution of the Board of Directors of		
	·	
(Name of Corporati	ion)	
a corporation duly organized and existing under the laws of	North Carolin	าล
a corporation duty organized and existing under the laws or	(State or Countr	
was adopted on08/20/2024		
was adopted on	<del>-</del>	, adopting the alternate
DDOE!! CATE INC		
PROFILGATE INC.		
(Alternate Name) NOTE: Mus	st contain a corporate suff	îx)
for use in Florida as its real name is unavailable in Florida.		
Date: 08/20/2024		
Date: 00/20/2024		
	Secretary	
Signature of Learman Vice Chairman of the Board a		nerson signing
Signature of Chairman Vice Chairman of the Roard a	1 11 10 4 11	C 11 " F N 6 1 A 1 A 1 A 7 I F 1 I 2 3 1 7

### **FILING FEE \$35**

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

director or any officer



## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### HEUTE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of August, 2016, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

of Raleigh, this 16th day of August, 2024.

Claire 4. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 120822457-1 Reference# 21775012- Page; 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification