## F2400004745

	(Requestor's Name)		
	(Address)		
(	Address)		
(	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
	Business Entity Name)	<u>-</u>	
·	,		
(Document Number)			
Certified Copies	Certificates of Statu	s	
Special Instructions	to Filing Officer:		
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DIVISION OF CHAPTER AND 30 PH 12:

## **COVER LETTER**

	ion of Corporations			
SHRIF <i>C</i> T.	Fortitudo Capital, Inc.			
30131501.	Name of	corporation - m	ust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of seed foreign corporation to trans	f Good Standing	;" and check are submi	Business in Florida," itted to register the
Please return	all correspondence concerning	g this matter to t	he following:	
Brent Metzler				
		Name of Pers	on	
Metzler Advis	ory			
		Firm/Compan	y	
410 S Cedar A	ve			
		Address		
Tanipa, FL 33	606			
		City/State and Z	Cip code	
bmetzler@me	tzleradvisory.com			···
	E-mail address:	(to be used for f	uture annual report no	tification)
For further in	formation concerning this ma	tter, please call:		
Brent Metzler	я	813	251-3066 Daytime Telepho	
Nan	ne of Person	Area Code	Daytime Telepho	one Number
Regi Divi: The ( 2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303	:	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a Please make c \$70.00 Fi	t check for the following amount heck payable to: FLORIDA DE ling Fee	PARTMENT OF , Fee & $\square$ \$7	STATE 8.75 Filing Fee & ertified Copy	☐ \$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.

Fortitudo Capital				
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in	Florida)	
Delaware 2.	3	30-1389365		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
December 15, 20		(Date of duration, if other than perpetual)		
	of incorporation)	(Date of duration, if other than perpetua	<u>l)</u>	
February 01, 202	24	_		
)	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
410 S Cedar Ave,	Tampa, FL 33606			
·	(Principal o	ffice street address)		
<del></del>	(Current mail	ling address, if different)	<del></del>	
3. Name and <u>stree</u>	et address of Florida registered agent: (P	.O. Box NOT acceptable)	24 SEVIVIO	
	Blackbird Services, Inc.		CRE	
Name: Office Address:	410 S Cedar Ave	<del>_</del>	G 30	
Jilice Address.	Tampa	. Florida 33606 (Zip code)	SECRE PECCESPURATE	
	(City)	(Zip code)	2	
Having been nam designated in this further agree to c	anolication. I hereby accept the appoint	vice of process for the above stated corporation tment as registered agent and agree to act in t relative to the proper and complete performa position as registered agent.	n at the place this capacity.	
_	(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						
□ Chairman	Brent Metzler Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Tampa, FL 33606	□Director				
□President		□President				
■ Vice President		□Vice President		annan .		
Secretary	Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other	<del></del>	□Other		
□ Chairman	Name:	□ Chairman	Name: _			
	Address:	─ Vice Chairman				
_	<del>-</del>	Director				
Director		□ President				
□ President		□ Vice President				
□ Vice President		☐ Secretary		□Treasurer		
□ Secretary	☐ Treasurer	·		DOther		
Other	Other	□Other		Bonci		
□ Chairman	Name:	☐ Chairman	Name:			
	Address:	□ Vice Chairman				
□ Director		□Director				
□ President		□President				
		□Vice President				
□ Secretary	□Treasurer	☐ Secretary	<del></del>	☐Treasurer		
□Other	70.1	□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.  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.  13						

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FORTITUDO CAPITAL 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 TWENTY-FIFTH DAY OF JULY, A.D. 2024.



Authentication: 204009459

Date: 07-25-24