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(((H24000306941 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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FOREIGN PROFIT/NONPROFIT CORPORATION S & P Consultants, Inc.

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Page Count	04
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Help

9/10/2024 2:56:55 PM PAGE

1/001

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September 10, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMPUTERSHARE

SUBJECT: S & P CONSULTANTS, INC.

REF: W24000127156

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P01000011018.

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.

KYLE D BRUMBLEY FAX Aud. #: H24000306941

Regulatory Specialist II Supervisor Letter Number: 424A00020254

Docusign Envelope ID: 014449A8-ACCE-4E09-ADFA-AC264DD2C8CE

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.

S & P Consulta	nts, Inc.		
(Enter name of c	corporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"	
S & P Federa	· · · · · · · · · · · · · · · · · · ·		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busin	ess in Florida)
2. Delaware	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	2)
_{4.} September 5	5, 2024		
	of incorporation)	(Date of duration, if other than per	petual)
5.			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration) 2, F.S., to determine penalty liability)	
7. 100 South Ashle	y Drive, Suite 600, Tampa, Florida 33602		
	(Principal office	street address)	
	(Current mallion	address, if different)	
	(Current maning	iddress, if different)	20;
8. Name and stree	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	2024 SEP 11
Name:	Corporate Creations Network, Inc.	<u> </u>	P
Office Address:	801 US Highway 1	_	2
	North Palm Beach	, Florida 33408	
	(City)	(Zip code)	30

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/s/ Caitlin Lazarus	Caitlin Lazarus, Special Secretary
	(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.

Docusign Envelope ID: 014449A8-ACCE-4E09-ADFA-AC264DD2C8CE

A.	DIRECTORS	;
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□Chairman	Name: Andrew Splitz	□Chairman	Name: Zachariah Johnson		
□Vice Chairman	Address: 100 South Ashley Drive	□Vice Chairman	Address: 100 South Ashley Drive		
Director	Suite 600	Director	Suite 600		
□President	Tampa, FL 33602	President	Tampa, FL 33602		
□Vice President		□Vice President			
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		
□Chai r man	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	Treasurer	Secretary	Treasurer		
□Other	Other	□Other	□()ther		
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. 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 5.817.155, F.S.

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "S & P CONSULTANTS, 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 FIFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S & P

CONSULTANTS, INC" WAS INCORPORATED ON THE FIFTH DAY OF SEPTEMBER,

A.D. 2024.

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

Authentication: 204319396

Date: 09-05-24