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M. SOLOMON



COVER LETTER

TO:	Registration Sect Division of Corp								
SHRI	ECT: Terra Ops.	Inc.							
3017	LC1.	Name of	corporation	- must	include suffix				_
Dear S	ir or Madam:								
"Certif	ficate of Existence.	on by Foreign Corp " or "Certificate of corporation to tran	Good Stand	ding" a	nd cheek are sub				
Please	return all correspo	ndence concerning	this matter	to the I	ollowing:				
Sonya	Thomas								
			Name of I	erson					_
Global	Paralegal Network.	Inc.					S	20	
			Firm/Com	pany			20	20 24 SEP	_
129 GI	en Park Ave							E.	1
		·	Addre	SS					
Gary, IN 46408						PM	11		
		(City/State ar	ıd Zip c	rode		FINIS STATE	<u>ဒ</u> .	
		E-mail address: (to be used f	or futur	e annual report i	notification	1)		_
For fu	rther information e	oncerning this mat	ter, please ca	all:					
Sonya	Thomas	:l t	(_)	-5294				
-	Name of Person		Area Code	<u>-</u>	Daytime Telep	hone Num	ber	_	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Please		ne following amour to: FLORIDA DEP S78.75 Filing Certificate of 1	ARTMENT Fee & □	\$78.7	ATE 5 Filing Fee & ied Copy		.50 Filir tificate tified C	of Stat	

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.

1. Terra Ops, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co.," "Corp,")							
,	Copy and On Copy)						
(If name unavail	able in Florida, enter alternate corporate name ad	opted for t	he purpose of transacti	ng business in Florida)			
2. DE							
(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
45/14/2024	5						
(Date	of incorporation)	(Da	(Date of duration, if other than perpetual)				
6							
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			lity)			
	REEK LANE PORT ORANGE, FL 32128		• •	•,			
/	(Principal office	street add	iess)				
				or >			
	(Current mailing	address, if	different)	024			
0	salle a grillia de la lacca (DA)	1) N/\)	C	024 SEP			
8. Name and stree	et address of Florida registered agent: (P.O.	BOX <u>NO</u> .	_ассернавіс)	剪 二字			
Name:	MICHAEL DIPETRILLO			S			
Office Address:	2430 HYATT CREEK LANE			<u> </u>			
	PORT ORANGE	FL.	32128	- A 5			
	(City)	<u> </u>	(Zip code)				

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.

MICHAEL DIPETRILLO

By: Michael DiPetrillo

(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.

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: MICHAEL DIPETRILLO	□Chairman	Name:			
□Vice Chairman	Address: 2430 HYATT CREEK LANE	□Vice Chairman	Address:			
■Director	PORT ORANGE, FL 32128	□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				
□President		□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	☐Secretary		□ Weasu		
Other	□Other	Other		Other W W		
□Chairman □Vice Chairman □Director □President	Name:	□Chairman □Vice Chairman □Director □President	Name:	TO SECOND		
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐Secretary		□Treasurer		
Other	Other	☐ Other		☐Other		
individuals may be 12. Michael A The officer or direct	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of Color signing this document (and who is listed in numberalse information submitted in a document to the Department.)	ent of State Annual Roor Officer	eport form. hat the facts state	ed herein are true and that he or		
s.817.155, F.S. MICHAEL I	DIPETRILLO - President					
13. <u>Microxide</u>	(Typed or printed name and capacity of person	on signing application	1)			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TERRA OPS, 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 SECOND DAY OF AUGUST, A.D. 2024.

3677746 8300 SR# 20243307938

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Ballack, Secretary of State

Authentication: 204079347

Date: 08-02-24



August 22, 2024

SONYA THOMAS 129 GLEN PARK AVE GARY, IN 46408 US

SUBJECT: TERRA OPS, INC. Ref. Number: W24000119022

We have received your document for TERRA OPS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 624A00018803

Corey Pettway Regulatory Specialist II

www.sunbiz.org