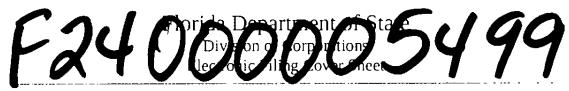
10/18/24, 3:38 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future inannual report mailings. Enter only one email address please.\*\*

- 🎏 Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION SGUS OPERATIONS INC.

Certificate of Status	0
Certified Copy	0
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10/18/2024 13:25:08 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

## 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.

ame adopted for the purpose of transacting business in Florida)  3
(Date of duration, if other than perpetual)  ess in Florida, if prior to registration) (07.1502, F.S., to determine penalty liability)  I office street address)
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(P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)
, Florida 33702
-

(Registered agent's signature)

<sup>10.</sup> 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.

10/18/ 34365206

2024 13:25.08 PDT	To: 18506176383		Page: 3/4	Fax: 81
A. DIRECTORS				
□ Chairman	Name:	□ Chairman	RYAN KEE Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
XDirector	7901 4th St N STE 300	XDirector	7901 4th St N STE 300	
<b>X</b> iPresident	St. Petersburg FL 33702	□ President	St. Petersburg FL 33702	
□Vice President		□ Vice President		
Secretary	☐Treasurer	<b>X</b> Secretary	<b>∑</b> Treasurer	
□Other	Other	□Other	□ □Other □	
□ Chairman	Name:	□Chairman	Name:	
	Address:		Address:	
		<b>5</b> 11Ning and		
		Fig. 11.		
□President				
□Vice President		□ Vice Pr⇔ident		<u>_</u>
□Secretary	🖸 Treasurer	□ Secretary	☐ Treasurer	
□Other	Other	□Other	□Other	
□Chairman	Name:	□Chairman	Name:	·
∐Vice Chairman	Address:	LIVice Chairman	Address:	
Director		□ Director		
□President		□ President		
□Vice President		□Vice President		
Secretary	□Treasurer	□ Secretary	□Treasurer	
□Other	Other	□Other	Other	
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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.

10/18/2024 13:25:08 PDT . . To: 18506176383 Page: 4/4 Fax: 8134365206



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SGUS OPERATIONS 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 EIGHTEENTH DAY OF OCTOBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SGUS OPERATIONS INC." WAS INCORPORATED ON THE SEVENTH DAY OF OCTOBER, A.D. 2024.

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

Authentication: 204664203

Date: 10-18-24