Fax: 8134365206

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.

(((H24000358258 3)))



H240003582583ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Fax Number

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803 : (813)436-5206

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

mail	Address:			

## FOREIGN PROFIT/NONPROFIT CORPORATION SIMETRIK INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

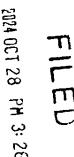
K. SALY

OCT 2 9 2024

Electronic Filing Menu

Corporate Filing Menu

Help







10/28/2024 06:57:10 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.

"Inc" "Co" "Co	orp." "Inc." "Co." or "Corp.")			
(If name unavaila	ible in Florida, enter alternate corporate name adop	ited for the purpose of transacting b	usiness in Florida)	
Dalawar				
(State or country	y under the law of which it is incorporated)	(FEI number, if applic	able)	
4. 11/13/20	)17 <sub>5.</sub>			
(Date	of incorporation) 5.	(Date of duration, if other than	n perpetual)	
6.				
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	rida, if prior to registration)		
7901 /th	St N STE 300 St. Petersk	•		
7. 1301 4(1)	(Principal office st			
7901 4th St	t N STE 300 St. Petersburg, FL 3	<del></del>		
	(Current mailing ad		T. 23	
			2824 OCT SECRET	77
8. Name and stree	<u>t address</u> of Florida registered agent: (P.O. Be	ox NOT acceptable)		
Name:	Registered Agents Inc		28 NSSI	ILED
	7901 4th St N STE 300	<del>-</del>	PH 3:	111
Office Address:		- 00700	<b>ن</b> ج	
	St. Petersburg	_ , Florida <u>33702                                     </u>	26	
	(City)	(Zip code)	~~	
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relati with and accept the obligations of my positio	as registered agent and agree to we to the proper and complete p	o act in this capacity	$p_{i}(I)$
-	with and accept the obligations of my position	n as registerea agent.		

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.

(Registered agent's signature)

10/28/2024 06:57:10 PDT To. 18506176383 Page: 3/4 Fax: 8134365206

A. DIRECTORS						
□Chairman	Name: Gomez, Santiago	□Chairman	Name: Casas, Alejandro			
□Vice Chairman	7901 4th St N STE 300	[TiVice Chairman	7901 4th St N STE 300			
LXDirector	St. Petersburg FL 33702	<b>公Director</b>	St. Petersburg FL 33702			
□President		XIPresident				
□Vice President		□Vice President				
☐ Secretary	<b>X</b> <sup>™</sup> Treasurer	☐ Secretary	□Treasurer			
⊡Other	Other	□Other				
□Chairman	Name: Pardo, Felipe	⊟Chairman	Name:			
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	Address:			
<b>⊠</b> Director	St. Petersburg FL 33702	☐ Director				
□President		□President	T SECOND TO			
□Vice President		□Vice President	128 T			
<b></b> Secretary	□Treasurer	□ Secretary	UTreasure 2			
□ Other	Other	□Other	□Other □ · · ·			
⊡Chairman	Name:	<b>∏</b> Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	Other			
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departmen					
•	12. Signature of Director or Officer					
	Signature of Director or	Officer	*** **** **** **** **** **** **** **** ****			
The officer or disc	stor signing this document (and who is listed in number	· 11 above) aftirms th	at the facts stated herein are true and that he or			

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.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SIMETRIK 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-SECOND DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIMETRIK INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2017.

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

PILEU 2024 OCT 28 PM 3: 27 35 CYETANY EF LONIO



Authentication: 204692954

Date: 10-22-24