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Florida Department of State
Division of Corporations
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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 annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

RebuttalPR INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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. RebuttalPR INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 3/6/2018
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7901 4th St N STE 300 St. Petersburg, FL 33702
(Principal office **street** address)

7901 4th St N STE 300 St. Petersburg, FL 33702
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg (City), Florida 33702 (Zip code)

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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.

_____
(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: Raymond DeLorenzi

☐Vice Chairman Address: 7901 4th St N STE 300

☒Director St. Petersburg FL 33702

☒President

☐Vice President

☒Secretary ☒Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐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.

12. Raymond DeLorenzi
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. Raymond DeLorenzi - DPST
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

REBUTTALPR INC
0450248240

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 06, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RAYMOND DE LORENZI
125 GLENRIDGE AVENUE #226
MONTCLAIR, NJ 07042

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of January, 2025

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6160430542

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp