## F25000000198

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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K. SALY JAN 10 2025



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12/18/24--01017--017 \*\*87.50

## **COVER LETTER**

TO:	Registration Section Division of Corporat	ions			
SUBJ	JECT:	inTerra Ini	novatior	n, Inc.	
		Name of corporation	on - must	include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence," or	Foreign Corporation fo "Certificate of Good Stooration to transact busings	anding" a	nd check are subm	
Please	return all corresponde	nce concerning this matt	er to the	following:	
	DANIELLE C	RUMLISH			
		Name o	of Person		
	DELAWARE	BUSINESS INC		RATORS, IN	C
	3422 OLD C	APITOL TRL, ST			
		Ado	dress		
	WILMINGTO	N, DE 19808-61			
		City/State	and Zip	code	
	support@db	global.com mail address: (to be used	l for futur	e annual report no	tification)
For fu		erning this matter, please		e annual report no	inteation)
DA	NIELLE CRUML	ISH at ( 302		996-5819 x	
	name of Person	Area Co	oac	Daytime Telepho	one Number
	STREET/COURIE Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 323	ions assec et, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassec. FL	etion porations
Please		ollowing amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 5 Filing Fee & fied Copy	✓ \$87.50 Filing Fee.  Certificate of Status &  Certified Copy

DBI: 795158707

## 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.

	inTerra Innovation, Inc.						
(Enter name of c	orporation; must include "INCORPO orp," "Inc," "Co," or "Corp.")	RATED," "CO	,YAAAMC	" "CORPORATION	I,"		
(If name unavail	able in Florida, enter alternate corpor	ate name adopt	ted for the p	ourpose of transacting	g business in Florida)		
2. DEL	AWARE by under the law of which it is incorpo	3.	27	-3647849			
(State or country	y under the law of which it is incorpo	orated)		(FEI number, if app	plicable)		
4. 10/07	<b>2</b> 010	5.					
(Date	(2010 of incorporation)	<del></del> - · · <del></del>	(Date o	of duration, if other t	han perpetual)		
6		_					
	(Date first transacted b (SEE SECTIONS 607.1501	ousiness in Flor & 607.1502, F	ida, if prior S., to deter	to registration) rmine penalty liabilit	iy)		
<sub>7.</sub> 4200 31st	Street N, Unit C; St Pe	tersburg,	FL 337	14			
	(Prir	ncipal office str	reet address	5)			
PO Box 60	36 Chelsea, MA 02150						
		ent mailing add	lress, if diff	erent)	5. 28		
					2024 DEC 16 TALLAHASS	70	
8. Name and street	et address of Florida registered age	ent: (P.O. Bo.	x <u>NOT</u> ac	ceptable)			
Name:	Registered Agents I	nc	_		• • •	1	
Office Address:	7901 4th St N STE	300			PH 4:	FILED	
	St. Petersburg (City)		. Florida	33702	0		
	(City)		.,,	(Zip code)	<del>.</del> -		
0 Pagistared ag	ent's acceptance:						
	red as registered agent and to acc	ept service of	process fo	or the above stated	corporation at the pl	ace	
designated in this	application, I hereby accept the	appointment (	as register	ed agent and agre	e to act in this capacit	ty. I	
	omply with the provisions of all s with and accept the obligations				e perjormance oj my (	auties,	
•	7			ð			
	a Javid	Yesper	ts				
_		$\cup$	•				
	(Registered	agent's signatu	іге)				

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]:

DBI: 795158707

A. DIRECTORS						
□ Chairman	Name: Angelo Scola	□Chairman	Name:			
□Vice Chairman	Address: 4200 31st Street N	□Vice Chairman	Address:			
□Director	Unit C	□Director				
□President	St.Petersburg, FL 33714	□President				
<b>X</b> 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	SSF. 6 P			
□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	<del></del> .	□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other		□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						
	Signature of Director or	Officer				
she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in number lise information submitted in a document to the Department		tes a third degree felony as provided for in			
13. Angelo So	cola		Vice President			

(Typed or printed name and capacity of person signing application)

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERRA INNOVATION, 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 TWELFTH DAY OF DECEMBER, 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 "INTERRA INNOVATION, INC." WAS INCORPORATED ON THE SEVENTH DAY OF OCTOBER, A.D. 2010.

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



4882090 8300

SR# 20244475386

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

Authentication: 205115621

Date: 12-12-24