

F25000000281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

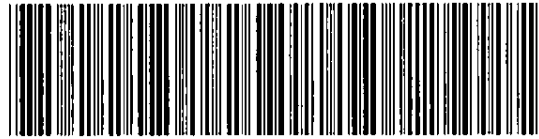
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APPROVED
AND
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2025 JAN 14 PM 5:23

JAN 14 2025

K. Brumbley



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 01/13/2025

Name: Ovidshel Ocean Jr.

Reference #: 2462183

Entity Name: VURSOR INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$70.00

Signature: *T. Ocean Jr.*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vursor Inc
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nicola Sutcliffe
Name of Person
Vursor Inc
Firm/Company
159 N Sangamon St. Suite 200 & 300
Address
Chicago IL 60607-2201
City/State and Zip code
accountsteam@systemsaccountants.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Hammel at (312) 6250954
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|--|---|---|

**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. Vursor 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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/22/2024 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/01/2025
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 159 N Sangamon St, Suite 200 & 300, Chicago IL 60607-2201
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida , Florida 32301
(City) (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.

Hailey Watson - Assisant Secretary

(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]:

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AND
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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

A. DIRECTORS

☒ Chairman Name: James Bradshaw
☐ Vice Chairman Address: 28 & 29 The Point
☐ Director Market Harborough
☐ President Leicestershire LE16 7QU
☐ Vice President UK
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

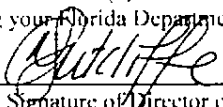
☐ Chairman Name: Piers Ried
☐ Vice Chairman Address: 28 & 29 The Point
☐ Director Market Harborough
☒ President Leicestershire LE16 7QU
☐ Vice President UK
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Nicola Sutcliffe
☐ Vice Chairman Address: 28 & 29 The Point
☐ Director Market Harborough
☐ President Leicestershire LE16 7QU
☐ Vice President UK
☒ Secretary ☒ Treasurer
☐ Other ☐ Other

☐ Chairman Name: George Panaritis
☐ Vice Chairman Address: 159 N Sangamon St
☐ Director Suite 200 & 300
☐ President Chicago IL
☐ Vice President 60607-2201
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other

☐ Chairman Name: William May
☐ Vice Chairman Address: 159 N Sangamon St
☐ Director Suite 200 & 300
☐ President Chicago IL
☒ Vice President 60607-2201
☐ 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. 
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. Nicola Sutcliffe - Treasurer and Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VURSOR 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 NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VURSOR INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2024.

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



10016252 8300

SR# 20250080499

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202657500

Date: 01-09-25