## F25000001013

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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02/10/25--01032--005 \*\*70.00



## **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT	Seagate Space Corporation			
Sobole 1.	Name o	of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o		of Good Stand	Authorization to Transact Business in Flori ading" and check are submitted to register these in Florida.	
Please return	all correspondence concerni	ng this matter	to the following:	
		Sonya Thoma	nas	
		Name of I	Person	
	G	lobal Paralegal	Network, Inc.	
	<del>-</del>	Firm/Com	npany	
		129 Glen Pa	ark Ave	
	<u> </u>	Addre	ess	
		Gary, In 46	6408	
		City/State ar	nd Zip code	
<del></del>	E-mail address	: (to be used f	for future annual report notification)	
For further in	formation concerning this m	atter, please c	rall:	
Sonya Thomsa	onya Thomsa at (219 ) 381-5294		381-5294	
Nam	e of Person	Area Code	e 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		
	check for the following amoneck payable to: FLORIDA Ding Fee	EPARTMENT g Fee &	T <b>OF STATE</b> ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing  Certified Copy Certificate of Certified Co	of Status &

## 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.

If name unavaila	able in Florida, enter alternate corporate name ac	dopted for the purpose of transact	ing business in Florida)
Delaware	7		
State or countr	y under the law of which it is incorporated)	(FEI number, if:	applicable)
1/10/2025	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liab	ility)
	3404 Sondrio Circle Tam	pa, FL 33111	
	(Principal office	e <u>street</u> address)	
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NO1 acceptable)	
Name:	Registered Agents Inc	<del></del>	
fice Address:	7901 4th St N STE 300		
Trice Address.	St. Petersburg	, Florida	2025 F
	(City)	(Zip code)	
Paristared and	ent's acceptance:		
iving been nam	ed as registered agent and to accept service	e of process for the above stat	ed corporation at the
signated in this	application, I hereby accept the appointme	ent as registered agent and ag	ree to act in this capa
ther agree to c d I am familiar	omply with the provisions of all statutes re- with and accept the obligations of my pos-	tative to the proper and compi ition as registered agent.	
	The second secon		rri <b>5</b> 1
7	Junial X about s		
3	Ovid Coerts (Registered agent's sig		

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: Michael Anderson	□Chairman	Sean Fortener Name:				
□Vice Chairman	Address:	□Vice Chairman	Address: 109 Lucaya et				
■Director	Tampa, FL 33111	<b>⊡</b> Director	St Johns, FL 32259				
■President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	■Secretary					
□Other	Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurei	□Secretary	☐ Treasurer				
□Other	Other	□Other	□Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary	□Treasurer				
□Other	Other	□Other	□Other				
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme	chment will be image nt of State Annual R	ed for reporting purposes only. Non-indexed eport form.				
12. Michael Philo	p Anderson	· <del></del> ·					
Signature of Director or Officer							
The officer or direct she is aware that fals.817.155, F.S.	etor signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	nat the facts stated herein are true and that he or utes a third degree felony as provided for in				
13. Michael And							
(Typed or printed name and capacity of person signing application)							

Page 1

## Delaware The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SEAGATE SPACE CORPORATION" 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 THIRTY-FIRST DAY OF JANUARY, A.D.

2025.

10063573 8300 SR# 20250326362

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

C. G. Sanchez

Charuni P. Sanchez, Secretary of State

Authentication: 202825726

Date: 01-31-25