F210000000742

(R	equestor's Name)	
	ddress)	
(^	uuless)	
(A	ddress)	
	ity/State/Zip/Phone #)	
(~	myrotaterzipit none #y	
PICK-UP	☐ WAIT	MAIL
	usiness Entity Name)	
,5	dominos Zminy marine,	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
M-1-16	1180	

Office Use Only



000358546030

2021 FEB - 1 AH 9: 51

FEB - 8 2021 K. Brumbley

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

02/01/2021

D	Acc#120160000072	MI
	Acc#I20160000072	W
Name:	QUICKNODE, INC.	_
Document #:		
Order #:	13474104	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filing: 🗸	Certified:	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 78.75	

Thank you!

COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	ECT: QUIKNODE, INC.			
3010	Name	of corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good Stand	ing [™] and check are subi	et Business in Florida." mitted to register the
Please	return all correspondence concerr	ning this matter t	o the following:	
Jody P	etras			
		Name of P	erson	
Bucha	nan Ingersoll & Rooney PC			
		Firm/Comp	pany	
Union	Trust Building, 501 Grant Street, Sui	te 200		
		Addres	SS .	
Pittsbu	irgh, PA 15219			
		City/State an	d Zip code	
alex@	quiknode.io			
	E-mail addres	ss: (to be used fo	or future annual report r	otilication)
For fu	rther information concerning this	matter, please ca	III:	
Jody F	Petras	412) 562-8800 Daytime Telep	
	Name of Person	Area Code	Daytime Telep	hone Number
	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8' Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please	sed is a check for the following an make check payable to: FLORIDA I 0.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT ing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87,50 Filing Fee. Certificate of Status & Certified Copy

CONSENT TO USE OF NAME

QUICKNODE LLC, a Florida limited liability company organized under the laws of the State of Florida, having an effective registered name, hereby consents to the qualification of QUIKNODE, INC. in the State of Florida.

IN WITNESS WHEREOF, the said QUICKNODE LLC has caused this consent to be executed by an Authorized Member and attested by an Authorized Member, this 1st day of February, 2021.

1st February 2021

QUICKNODE LLC

ву

Alex Nabutovsky, Authorized Member

Attest:

Dmitry Shklovsky, Authorized Member

2021 FEB - 1 AM 9: 51

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.

Delaware 3. 82-2439374 (State or country under the law of which it is incorporated) (FEI number, if applicable) February 1, 2021 5. (Date of incorporation) (Date of duration, if other than perpetual) February 1, 2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 17150 N. BAY RD. #2904, SUNNY ISLES, FL 33160 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DMITRY SHKLOVSKY 17150 N. BAY RD. #2904
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 17150 N. BAY RD. #2904, SUNNY ISLES, FL 33160 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DMITRY SHKLOVSKY
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 17150 N. BAY RD. #2904, SUNNY ISLES, FL 33160 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DMITRY SHKLOVSKY
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 17150 N. BAY RD. #2904, SUNNY ISLES, FL 33160 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 17150 N. BAY RD. #2904, SUNNY ISLES, FL 33160 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DMITRY SHKLOVSKY
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 17150 N. BAY RD. #2904, SUNNY ISLES, FL 33160 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DMITRY SHKLOVSKY
17150 N. BAY RD. #2904, SUNNY ISLES, FL 33160 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DMITRY SHKLOVSKY
(Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DMITRY SHKLOVSKY
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DMITRY SHKLOVSKY
Name: DMITRY SHKLOVSKY
Name: DMITRY SHKLOVSKY
Name: DMITRY SHKLOVSKY
17150 N. DAV DD. #3904
ffice Address:
SUNNY ISLES, FL , Florida 33160 (City) (Zip code)
(City) (Zip code)
Registered agent's acceptance:

DMITRY SHKLOVSKY

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)

A. DIRECTORS DMITRY SHKLOVSKY Name: ______ **■** Chairman Name: □ Chairman 17150 N. BAY RD. #2904 □Vice Chairman Address: ______ □Vice Chairman Address: SUNNY ISLES, FL 33160 □ Director Director □President □ President □ Vice President □Vice President _____ ☐Treasurer □ Secretary ■ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ ALEX NABUTOVSKY Name: _____ \Box Chairman □ Chairman 17150 N. BAY RD. #2904 □ Vice Chairman Address: ______ Address: □ Vice Chairman SUNNY ISLES, FL 33160 □ Director ■ Director □ President ■President ☐ Vice President □ Vice President _____ □ Treasurer □ Secretary ■Treasurer □ Secretary □Other ______ □Other _____ □Other _____ ☐Other _____ Name: _____ □ Chairman ☐ Chairman Name: _____ Address: ______ □Vice Chairman Address: ______ □ Vice Chairman □Director □ Director □President □President □ Vice President _____ □ Vice President □Treasurer □ Secretary □Treasurer ☐ Secretary □Other _____ □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 Florid 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. ALEX NABUTOVSKY, President

2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "QUIKNODE, 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 THIRD DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202435561

Date: 02-03-21

4891650 8300 SR# 20210323619