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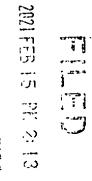
(Requestor's Name)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
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COVER LETTER

TO:	-	tration Section ion of Corporations			
SUBJE	FCT.	Servall Data Systems Inc.			
3000	u.C.I.	Name o	f corporation	- must include suffix	
Dear Si	r or M	adam:			
"Certifi	cate of	"Application by Foreign Corf Existence." or "Certificate code foreign corporation to tra	of Good Stan	ding" and check are submitt	usiness in Florida," ted to register the
Please i	return :	all correspondence concerning	g this matter	to the following:	20
Shannoi	n Donn	elly			2021 FEB
			Name of	Person	[门] (F)
Servall	Data Sy	ystems Inc.			oi i
		-	Firm/Com	pany	-0 1°
#1028-	5348 V	egas Drive			13 3
			Addre	ess	(i) (ii)
Las Veg	gas, NV	89108			
			City/State a	nd Zip code	
shannon	ı@patro	onscan.com			
		E-mail address:	(to be used f	or future annual report notif	fication)
For furt	ther in	formation concerning this ma	itter, please c	all:	
Shannoi	n Donn	elly	403 at () 589-9362 e Daytime Telephon	
	Nam	e of Person	Area Cod	e Daytime Telephon	e Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303	:	MAILING ADD Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL	ion orations
Please n	nake ch	check for the following amou leck payable to: FLORIDA DE ing Fee	PARTMENT Fee &		■ \$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.

Servall Data Sys	stems Inc.			
(Enter name of c	orporation: must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
Launchcode				
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting but	siness in Florid	da)
n Nevada	3	45-4409669		
	ry under the law of which it is incorporated)	(FEI number, if applica	ble)	
4. January 31, 201	2			
+(Date	e of incorporation)	(Date of duration, if other than	perpetual)	
6. n/a (no business			2021	
o	•	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	TEB -	
7 #1028- 5348 Veg	as Drive, Las Vegas, NV 89108		ال	}
		ice <u>street</u> address)	711 2:	- M2-18-2
	(Current mailir	ng address, if different)	ં	
8. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)		
Name:	Registered Agents Inc.			
Office Address:	7901 4th Street N, Ste 300			
	St. Petersburg	, Florida		
	(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. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dur and I am familiar with and accept the obligations of my position as registered agent.

Bee Harre (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application 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.

	Alberio Bathory-Frota		
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	4901 Shoreline Circle	□Director	
President	Sanford, FL, 32771	□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
□Chairman	James Marusiak Name:	□ Chainnan	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	564 Bent Pine Court	Director	
□President	Sanford, FL 32771	□President	··· >
□Vice President		□Vice President	7021 FE
□Secretary	□Treasurer	☐ Secretary	☐Treasurer ; ==
Other	□Other	□Other	and the second s
□ Chairman	Name:	□Chairman	Name:
□ Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		President	
□Vice President		□Vice President	
□ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
most	□Other	□Other	□Other

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 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.

Alberio Bathory-Frota

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby-certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SERVALL DATA SYSTEMS INC**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/31/2012, and is in good standing in this state.



Certificate Number: B202101081337382

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/08/2021.

Bochara K. Cegarske BARBARA K. CEGAVSKE

Secretary of State