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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Resolve Bid Inc.		
Name of corporation	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are sub	
Please return all correspondence concerning this matt	er to the following:	
Dario	Opin	
DAVID KANANA Name o	f Person	<u></u>
Resolve	Q: J	
Resolve Firm/Co	mpany	
Add	ress	
12356 Rockledo Adá Boca Ratun, FL City/State	334)8	
City/State	and Zip code	
E-mail address: (to be used	for future annual report r	notification)
For further information concerning this matter, please	call:	
DAVID KARIM at (95 4) Name of Person Area Co	, 224-35-9	38
Name of Person Area Co	de Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

"Inc.," "Co.," "Co	poration; must include "INCORPORATED," "p," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION," opted for the purpose of transacting business in Florida)	
2. Dalawar	Q	82-2327975	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 9/1	9/2016	(Date of duration, if other than perpetual)	
(Date o	of incorporation)	(Date of duration, if other than perpetual)	•
·		Office address) address, if different)	
Name: Office Address:	address of Florida registered agent: (P.O. David Karim 12356 Rockledge Cir Boca Ration (City)	Box NOT acceptable)	FILED
9 Registered ager	it's acceptance: d as registered agent and to accept service	e of process for the above stated corporation at the ent as registered agent and agree to act in this capa	

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)

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: DAVID KARIM
Address: 12356 Rockledop Cir
Boca Raton, FL 33423
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
T SEP T
B. OFFICERS
· · · · · · · · · · · · · · · · · · ·
Address: 12356 Rockbodg Cir
Address: 12356 Rockbodge Cir Boca Raton, FL 33428
Vice President:
Address:
Address.
Secretary
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12.
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. DAVID KARIM Prosident and CEO
(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 "RESOLVEBID, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESOLVEBID, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2016.

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

HAYS OF STATE OF STAT

Authentication: 203252564

Date: 09-19-17