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TOTAL TOTAL BIOLA

K. SALY DEC 1 0 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 514937 8255879

AUTHORIZATION : Spelle Relation

COST LIMIT : \$ 70.00

ORDER DATE : December 5, 2018

ORDER TIME : 9:26 AM

ORDER NO. : 514937-005

CUSTOMER NO: 8255879

FOREIGN FILINGS

NAME: PLANWYZ INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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. PLANWYZ I	NC			
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED," "C	OMPANY." "CORPORATION."	
(If name unavail:	ible in Florida, enter alternate corporate na	ime adop	ed for the purpose of transacting bu	isiness in Florida)
. Delaware		3.		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		able)		
l. <u>11/16/2018</u>		5.		
(Date of incorporation)			(Date of duration, if other than perpetual)	
),				
£0.63.6		07.1502, I	ida, if prior to registration) S., to determine penalty liability)	
. 6863 Sparrow	Hawk Drive, West Palm Beach, FI		fice address)	
	(17)	шстраг от	nce address)	74.5 18
	(Current in	ailing ad	dress. if different)	EC-
. Name and stree	et address of Florida registered agent:	(P.O. Bo	ox NOT acceptable)	7 P
Name:	Raymond Galkowski			7 PH 10: 25
Office Address:	6863 Sparrow Hawk Drive			25 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
	West Palm Beach		33412 . 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. 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.

By: (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. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: _____ Raymond Galkowski Director: 6863 Sparrow Hawk Drive. West Palm Beach, FL 33412 Address: __ **B. OFFICERS** Raymond Galkowski President: 6863 Sparrow Hawk Drive, West Palm Beach, FL 33412 Address: Vice President: Address: Secretary: _ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

Raymond Galkowski, CEO

13.



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

DELAWARE, DO HEREBY CERTIFY "PLANWYZ 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 SIXTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLANWYZ INC."

WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2018.

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

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Authentication: 204043773

Date: 12-06-18

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