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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|----------------------|--|--|
| SUBJECT: JustProtect Inc. | | | |
| | ne of corporation | - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign "Certificate of Existence," or "Certific above referenced foreign corporation to | ate of Good Stanc | ling" and check are sub- | |
| Please return all correspondence conce | rning this matter | to the following: | |
| Vikas Bhatia | | | |
| | Name of F | erson | |
| JustProtect | | | |
| | Firm/Comp | pany | |
| 712 S Howard Ave, Apt#315 | | | |
| | Addre | ss | . |
| Tampa, FI, 33606 | | | |
| | City/State an | d Zip code | · |
| vikas@justprotect.co | | | |
| E-mail addr | ess: (to be used for | or future annual report n | otification) |
| For further information concerning this | s matter, please ca | ill: | |
| Vikas Bhatia | 646 at (| 465-4528 | |
| Name of Person | Area Code | Daytime Teleph | none Number |
| STREET/COURIER ADDRI 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 6327 Tallahassee, F | ection orporations |
| Enclosed is a check for the following a Please make check payable to: FLORIDA S70.00 Filing Fee Certificat | DEPARTMENT | OF STATE \$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

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.

| | ioje in Piorida, enter alternate corporate name ad | lopted for the purpose of transac | ing business in Florida) | |
|-------------------------|--|---|--------------------------|--|
| Delaware | 3 8 | 82-1616855 | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if | applicable) | |
| 5/8/17 | 5 | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | |
| 10/1/19 | _ | <u> </u> | | |
| 25 Broadway, FI | 9, New York, NY, 10004 (Current mailing et address of Florida registered agent: (P.O. | address, if different) Box NOT acceptable) | DOZO JAH 27 | |
| | | | ············· | |
| Name and stree Name: | Vikas Bhatia | | rr. | |
| | | | rr. | |
| Name: | Vikas Bhatia | Florida 33606 | | |

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]:

(Registered agent's signature)

A. DIRECTORS Vikas Bhatia Vikas Bhatia Name: Name: **■**Chairman □ Chairman 712 S Howard Ave 712 S Howard Ave Address: _ □ Vice Chairman □Vice Chairman Apt # 315 Apt#315 ☐ Director Director Tampa, FL, 33606 Tampa, FL. 33606 □President ■President □ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other ____ Other _____ DOther _____ □Other _____ Name: □Chairman □Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: □Director □ Director □President □President □Vice President ____ □ Vice President □ Secretary ☐ Treasurer □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: 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 Florida Department of State Annual Report form. 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. Vikas Bhatia

Page 1



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

DELAWARE, DO HEREBY CERTIFY "JUSTPROTECT 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 TENTH DAY OF JANUARY, A.D. 2020.



Authentication: 202164732

Date: 01-10-20