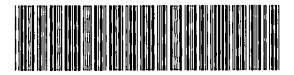
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Office Use Only



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COVER LETTER

Division of Corporations				
SUBJECT: Immune Digital Ventures Inc				
	ation - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact business."	tanding" and check are subm	Business in Florida," nitted to register the		
Please return all correspondence concerning this mat	tter to the following:			
Ala	an Belkin			
Name	e of Person			
Immune Dig	ital Ventures Inc			
	Company			
7308 18	Bth Avenue			
	Address			
01	ADV 44004			
	yn, NY 11204 ate and Zip code			
·	•			
	odencpa@gmail.com ed for future annual report no	atitication)		
is-man address. (to be us	ed for future amidal report no	offication)		
For further information concerning this matter, pleas	e call:			
(718) 360-5337 at () Micl	nael Koloden Name of Perso	on .		
Area Code				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$ \$70.00 Filing Fee	NT 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.

1. Immune Digit	al Ventures Inc				
	corporation: must include "INCORPORATED," Corp." "Inc." "Co." or "Corp.")	` "COMPANY," "CORPORATIO	",NC		
(If name unava	ilable in Florida, enter alternate corporate name a	adopted for the purpose of transact	ing business in Florida)		
2. New York	3.	32-0604576			
2. New York 3. (State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4. 06/21/2019	5.				
(Date of incorporation)		(Date of duration, if other than perpetual)			
6. <u>0</u> 9/15/2019					
7. <u>7308 18th A</u>	(SEE SECTIONS 607.1501 & 607.1		bility)		
	(Principal off	ice <u>street</u> address)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	·	ng address, if different)			
8. Name and stre	et address of Florida registered agent: (P.O	. Box NOT acceptable)			
Name:	Alan Belkin				
Office Address:	591 Evernia Street, Apt 1903		\$ 6		
	West Palm Beach	, Florida <u>33401</u>			
	(City)	(Zip code)			
9. Registered ag	ent'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.

(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.

· A. DIRECTORS		-		
□ Chairman	Name: <u>Alan Belkin</u>	□ Chairman	Name:	
□Vice Chairman	Address: 591 Evernia Street, Apt 1903	□Vice Chairman	Address:	
☐ Director	West Palm Beach FL 33401	□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
∐Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		Director		
□President		□President		
□Vice President_		□Vice President		
☐Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	Other		Other
individuals may be	Use an attachment to report more than six (6). The all added to the index when filing your Florida Depart	ment of State Annual Repo	or reporting purport form.	ooses only. Non-indexed
12.	Signature of Direct	ctor or Officer	<u> </u>	
The officer or direct she is aware that fals.817.155, F.S.	stor signing this document (and who is listed in number information submitted in a document to the Deposition of the Dep	ber 11 above) affirms that t	he facts stated he a third degree for	erein are true and that he or clony as provided for in
13	Alan Belkin (Typed or printed name and capacity of person si	gning application)		

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of IMMUNE DIGITAL VENTURES, INC. was filed on 06/21/2019, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 11th day of December two thousand and nineteen.

Braden Co Hughan

Brendan C Hughes
Executive Deputy Secretary of State