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SCURETARY OF STATE

APR 02 2020 M. SOLOMON

### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PredaSAR Corporation		•
	ne of corporation	- must include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign "Certificate of Existence," or "Certification above referenced foreign corporation to	ate of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return all correspondence conce	erning this matter	to the following:
Jo-Jean Panton Figueira, Esq.		•
	Name of	Person
Jo-Jean Panton Figueira, P.A.		
	Firm/Con	pany
2920 N.W. 29th Avenue		
	Addr	ess
Boca Raton, FL 33434		
	City/State a	nd Zip code
marc@predasar.com		·
E-mail add	ress: (to be used	for future annual report notification)
For further information concerning th	is matter, please o	eali:
Jo-Jean Panton Figueira 561		900-5260
Name of Person	Area Coo	e Daytime Telephone Number
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 F. Certification	A DEPARTMEN	Cof STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certified Copy 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.

PredaSAR Cor	poration			
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	-	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	-	
		84-2499377		
	y under the law of which it is incorporated)	(FEI number, if applicable)	_	
12/19/18	· 5.	Perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)	_	
Upon filing				
	•	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-	
6800 Broken So	und Parkway NW, Suite 200, Boca Raton	, FL 33487 •		
	(Principal of	ice <u>street</u> address)	_	
	(Current maili	ng address, if different)	. :	
. Name and stree	et address of Florida registered agent: (P.6 Jo-Jean Panton Figueira, Esq.	O. Box NOT acceptable)	;	
Name: Office Address:	2920 N.W. 29th Avenue			
	Boca Raton	Florida 33434	0.00	
	(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.

(Registered agents'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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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A. DIRECTORS			•.
<b>■</b> Chairman	Marc Bell Name:	□Chairman	Richard Newton Name:
□Vice Chairman	Address:	■Vice Chairman	Address:
Director	Suite 200	Director	Suite 200
□President	Boca Raton, FL 33487	□President	Boca Raton, FL 33487
□Vice President	· · · · · · · · · · · · · · · · · · ·	□Vice President	
Secretary	Treasurer	☐ Secretary	Treasurer
□Other	□ Other	Other	Other
□ Chairman □ Vice Chairman	Name: Roger Teague  6800 Broken Sound Pkwy  Address:	□ Chairman □ Vice Chairman	Doug Raaberg Name: 6800 Broken Sound Pkwy Address:
<b>■</b> Director	Suite 200	Director	Suite 200
President	Boca Raton, FL 33487	□President	Boca Raton, FL 33487
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	Treasurer mg
■Other CEO	□Other	Other	Other   S   F   S   F   S   F   S   F   S   F   S   F   S   F   S   F   S   F   S   F   S   F   S   F   S   F   S   F   S   S
□ Chairman	James Sullivan	□Chairman	Jeffrey Ransdell
□Vice Chairman	6800 Broken Sound Pkwy	□Vice Chairman	Address: 6800 Broken Sound Pkwy
□ Director	Suite 200	Director	Suite 200
□President	Boca Raton, FL 33487	□President	Boca Ratoň, FL 33487
□Vice President		□Vice President	
Secretary .	■ Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
individuals may be  12. The officer or dire	Use an attachment to report more than six (6). The analysis added to the index when filing your Florida Departion Signature of Direct corts signing this document (and who is fisted in number information submitted in a document to the Department of the Department o	or or Officer  The property of the state of State constitutions of State constitutions and the state of State constitutions of State cons	hat the facts stated herein are true and that he or utes a third degree felony as provided for in

(Typed or printed name and capacity of person signing application)

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A. DIRECTORS					
□Chairm <b>an</b>	William Shelton	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
<b>■</b> Director	Suite 200	Director			
□President	Boca Raton, FL 33487	□President			
□Vice President		□Vice President			
□Secretary	☐Treasurer	☐ Secretary		☐Treasurer	
Other	Other	□Other		□Other	
□Chairman	Nanc:	Chairman	Name:		
□Vice Chairman	Address:	☐ Vice Chairman	Address:		
Director		□Director			<del></del>
President		□President	÷		
□Vice President		□Vice President			7.57
☐ Secretary	Treasurer	Secretary		☐Treasurer	
□ Other	Other	□ Other		□Other	
□ Chairman	Name:	□ Chairman	Name:	<del></del>	-, C
□Vice Chairman	Address:	□Viœ 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 e added to the index when filing your Florida Department.	attachment will be image riment of State Annual R	ed for reporting eport form.	purposes only. No	n-indexed
12					
14.	Signature of Direct	tor or Officer			
The officer or dire she is aware that is s.817.155, F.S.	ector signing this document (and who is listed in nu false information submitted in a document to the De	mber 11 above) affirms to partment of State constitu	hat the facts sta utes a third deg	ted herein are true or ree felony as provid	and that he or ded for in
13. Marc Bell, [		Parks			

(Typed or printed name and capacity of person signing application)

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREDASAR CORPORATION" 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PREDASAR CORPORATION" WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2018.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

7081510 8300

SR# 20202330710

Authertication: 202644555

Date: 03-24-20