F20000003787

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(Address)	
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PICK-UP WAIT MAIL	
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COVER LETTER

TO:	Registration Section Division of Corporations	;					
SHRi	IECT:	IPN, Inc.					
(34) (34)		Name of c	orporation - i	nust ii	nclude suffix		
Dear S	Sir or Madam:						
"Certi	nclosed "Application by Fo ficate of Existence," or "C referenced foreign corpora	ertificate of	Good Standir	ng" an	d check are subr		
Pleas	e return all correspondence	 e concerning	this matter t	o the f	ollowing:		
Natha	n Simmons						
			Name of Pe	rson		_	 _
OSBC			<u> </u>				
			Firm/Compa	ny			
4000 \	Washington Rd. Ste 104						26
			Address				100 i ··· 27
McMu	irray, PA 15317						;
		'C	ity/State and	Zip co	ode		27
mariss	a@getamplifiedbiz.com	!					7
	E-mai	l address: (t	o be used for	future	annual report n	otification)	ά
For fu	rther information concerni	ng this matte	er, please call	:			8: 3 t
Mariss	a Mitchell	 at ((⁷²⁴	712-0	539		
	Name of Person		Area Code		Daytime Teleph	ione Number	
Please	STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, F1. 32303 sed is a check for the followmake check payable to: FLO 0.00 Filing Fee	Suite 810	ARTMENT O		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl TE Filing Fee &	ection rporations	ц Fec.
	_	rtificate of S			ed Copy	Certificate of Certified Co	of Status &

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.

L. IPN Inc.				D.1.
(Enter name of a "Inc.," "Co.," "C	corporation: must include "INCORPO [orp," "Inc," "Co," or "Corp.")	RATED," "COMPAN	NY." "CORPORATION."	
IPN (Consultants, Inc.			
	lable in Florida, enter alternate corpora	'! ·		siness in Florida)
2. New York		3_36-496127	7	
(State or country	under the law of which it is incorpora	ited)	(FEI number, if applical	ble)
February 3, 2020		5.		
(Date	e of incorporation)	(D	rate of duration, if other than p	perpetual)
6. N/A		j		
	(Date first transacted b	usiness in Florida, if p	prior to registration)	
	(SEE SECTIONS 607.1501	& 607.1502, F.S., to a	determine penalty liability)	
7. 33 W 39th Street	New York, NY 10018		_	
		cipal office street add		
	33 E Robinsor	i Street Orlando, FL 3	2801	
	(Curre	nt mailing address, if	different)	202
				2020 1 27
8. Name and stree	et address of Florida registered age	nt: (P.O. Box <u>NOT</u>	acceptable)	-
Name:	Nathan Simmons			27
Name.	22 17 Dukiman Co	 		
Office Address:	33 E Robinson Street	<u> </u>		 ලා
	Orlando	FL	32801	డు
	(City)	1	(Zip code)	Ť <u>.</u>
			(
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to acce application. I hereby accept the a omply with the provisions of all st with and accept the obligations o	ppointment as regis atutes relative to the	Stered agent and agree to a e proper and complete per	act in this capacity I
7	161	gent's signature)		
/				
ne Department of	certificate of existence duly auther State, by the Secretary of State or thich it is incorporated.	ticated, not more the other official having	an 90 days prior to deliver g custody of corporate reco	y of this application to ords in the jurisdiction

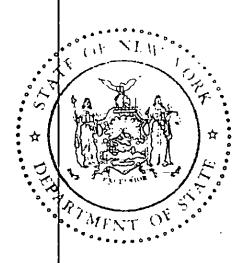
11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS	Name:	athan Simmons 3 E Robinson Street		□ Chairman	Name:	
□ Vice Chairman A		3 E Robinson Street		☐ Vice Chairman	Address:	
□Director	Orlando, Fl	L 32801	<u> </u>	□ Director		
President		,	<u> </u>	□President		- -
□ Vice President_				□Vice President		
□ Secretary		□Treasurer		□Secretary		□Treasurer
□ Other		□Other	<u> </u>	□Other		□Other
				□Chairman □Vice Chairman		
□Director	-		<u> </u>	□Director		
□President			<u>[</u>	□President		
□ Vice President			<u> </u>	□Vice President		
☐ Secretary		Treasurer		□Secretary		□Treasurer
□ Other		□Other		□Other		□Other
				□Chairman □Vice Chairman □Director □President		2
□ Vice President_				□Vice President		
☐ Secretary		□Treasurer		□Secretary		□Treasurer
□ Other		□Other		Other		□Other
The officer or direct	tor signing t	ŀ	orida Departmen e of Director or isted in number	t of State Annual Re Officer H above) affirms th	port form.	herein are true and that he or

State of New York Department of State

} ss:

I hereby certify, that the Certificate of Incorporation of IPN, INC. was filed on 02/03/2020, 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.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 09th day of July two thousand and twenty.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State