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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: 08	stack Technologies	Inc.			
	Name of corpor	ation - must inc	lude suffix		
Dear Sir or Madam:					
"Certificate of Existen	ition by Foreign Corporation ce." or "Certificate of Good gn corporation to transact b	Standing" and	check are subm	Business in Flor itted to register t	rida." the
Please return all corres	pondence concerning this n	natter to the folio	owing:		
Samfree S	iarante				
	Nam	ne of Person			
Sumprep S	arante CPA PA				
		/Company			
107 Westwa	ard prive # 6610	on 7			
		Address			ling Fee.
Miani sprine	33166				5-2 (-)
	33166 City/St	ate and Zip code	e		
ssarantea	Sarantecpa.com				1
	E-mail address: (to be u	sed for future a	nnual report not	tification)	
For further information	concerning this matter, ple	ase call:			
					<u>5</u> 9
Samfree Saran	te at (_78	56 <u>)</u> 55	b 4833		
Name of Perso	on Area	Code D	aytime Telepho	ne Number	•
Registration Se Division of Co The Centre of	rporations Fallahassee be Street, Suite 810	н П Ч	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Pallahassee, FL	tion porations	
Enclosed is a check for Please make check payab \$70.00 Filing Fee	the following amount: le to: FLORIDA DEPARTM S78.75 Filing Fee & Certificate of Status	ENT OF STATE S78.75 Fi Certified	ling Fee &	S87.50 Filing Certificate of Certified Co	of Status &

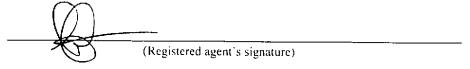
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1. <u>upstact</u> (Enter name of co	Tech notagies Incorporation; must include "INCORPORAT	ED." "CO	MPANY " "CORPORATION "	 .	
	orp," "Inc," "Co," or "Corp.")				
(If name unavaila	able in Florida, enter alternate corporate na	ime adopte	d for the purpose of transacting busi	ness in Florida)	
2. Delaware (State or country under the law of which it is incorporated)		3. 81 3153612			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicab	le)	
4. November 4, 2015		5	PerPetual		
(Date of incorporation)			(Date of duration, if other than perpetual)		
7. <u>II</u> Sus (2	th Ave unit log Dania B (Principal	each 1 office stre	et address)	·	
	(Current ma	ailing addr	ess, if different)		
	t address of Florida registered agent: (P.O. Box	NOT acceptable)	20000	
Name:	sanfree sarante CPA PA				
Office Address:	5375 NW 159 th Street	± 4481			
	miani Lakes		Florida 33014		
	(City)	·	Florida 33014 (Zip code)	8: n 9	
3.15				co	

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.



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.

attached

□Chairman	Name: Andre Mighshy	□Chairman	Nume:	
□Vice Chairman	Address: 11 Sw 12th Ave	□ Vice Chairman	Address:	
□Director	unit 109	□Director		
President	Dunia Beach, FL 33004	□President		
□Vice President		□Vice President		
DSecretary	□Treasurer	□ Secretary		□Treasurer
⊠ Other <u>C€ 0</u>	□Other □	□Other		Other
⊐Chairman	Name:	□Chairman	Nume:	
∃Vice Chairman	Address:	□Vice Chuirman	Address:	
□Director		□Director		
3President		□President		
∃Vice President		□Vice President		
]Secretary	□Treasurer	©Secretary		☐Treasurer
∃Other	Other	□:Other		□Other
]Chairman	Name:	☐ Chairman	Name:	
Vice Chairman	Address:	□Vice Chairman	Address:	3
Director		□Director		
]President		□Presidem	_	
IVice President		□Vice President		 ලා
1 Secretary	□Treasurer	☐ Scoretary		☐Treasurer
]Other		□Other		□Other

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, FS.

13. And M



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

DELAWARE, DO HEREBY CERTIFY "UPSTACK TECHNOLOGIES, 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 TWENTY-SEVENTH DAY OF AUGUST, 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 "UPSTACK

TECHNOLOGIES, INC." WAS INCORPORATED ON THE FOURTH DAY OF NOVEMBER,

A.D. 2015.

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

0. 27.

Authentication: 203548122

Date: 08-27-20