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COVER LETTER . . .

TO: Registration Section Division of Corporations						
SUBJECT: Arpax Corporation						
Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business in	ig" and check are submitted to register the					
Please return all correspondence concerning this matter to	the following:					
Paul A. Baldovin, Jr.	79.75 son					
Name of Per	rson					
Hodgson Russ LLP						
Firm/Compar	ny ===					
440 Royal Palm Way, Suite 202	77 77 10					
Address						
Palm Beach, Florida 33480	ņ					
City/State and	Zip eode					
pbaldovin@hodgsonruss.com						
E-mail address: (to be used for	future annual report notification)					
For further information concerning this matter, please call	:					
Paul A. Baldovin, Jr. 561	Daytime Telephone Number					
Name of Person Area Code	Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
	F STATE. 78.75 Filing Fee & S87.50 Filing Fee. Certified Copy 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. Arpax Corporat	ion					
	orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D," "(COMPANY," "CORPORATION,"			
416						
(If name unavail:	able in Florida, enter alternate corporate nar	ne ado _l	pted for the purpose of transacting bu	isiness in	Florida	
New York		3. 20-	20-4791105			
(State or countr	y under the law of which it is incorporated)			able)		
4/13/2006		_				
tDate	(Date of incorporation) 5		(Date of duration, if other than perpetual)			
N/A	or meorporation)		(isate of disation, it office than	perpetua	1,	
)					-1	
	(Date first transacted busines			;	3	
		1.1502.	F.S., to determine penalty liability)	•		
150 Bradley Plac	150 Bradley Place, Apt 209N, Palm Beach, Florida 33480				1	
	(Principal c	office <u>s</u>	treet address)			
					•π	
	(Current ma	iling ac	ldress, if different)		مدا	
	(3		and the state of t	<u>.</u>	<u>-</u>	
				2.4	Ξ,	
. Name and stree	<u>et address</u> of Florida registered agent: (I	².O. B	ox <u>NOT</u> acceptable)			
Name:	Arthur Hershaft					
	150 Bradley Place, Apt 209N		-			
Office Address:	1.00 Drauley Place, Apr. 20718		···			
	Palm Beach		, Florida 33480			
	(City)		(Zip code)			
	` • '		/h/			

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 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.

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

A. DIRECTORS							
□Chairman	Name: Arthur Hershaft	□Chairman	Name:				
□Vice Chairman	Address: 150 Bradley Place, Apt 209N	□Vice Chairman					
Director	Palm Beach, Florida 33480	Director					
President		□President		 			
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	□Other	□Other		□Other			
□Chairman	Janet Hershaft Name:	□Chairman	Name:				
□Vice Chairman	Address:150 Bradley Place, Apt 209N	□Vice Chairman	Address:				
Director	Palm Beach, Florida 33480	□Director		NT67			
□President		□President		73			
□Vice President		□Vice President		3			
Secretary	■ Treasurer	☐ Secretary		☐Treasurer →			
□Other	□Other	□Other		Other			
□Chairman	Name:	□Chairman	Namer				
	Address:						
□Director		Director	73000000	<u>.</u> .			
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	"	□Treasurer			
□Other	□Other	□Other	_	Other			
Important Notice: Undividuals may be	Jse an attachment to report more than six (6). T added to the index when filing your Florida De	porting of State Annual Re	d for reporting port form.	purposes only, Non-indexed			
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 continue to the continue of t							

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 of 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. Arthur Hershaft, President

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ARPAX CORPORATION was filed on 04/13/2006, 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 28th day of August two thousand and twenty.

Braden C. Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

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