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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120089000067 Phone : (845) 425-0077 Fax Number : (845) 818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Smail</b>	Address:	_		 	 

## FOREIGN PROFIT/NONPROFIT CORPORATION

## Hysolate Inc.

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$70.00	

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## 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.

(If name unavaila	ible in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in F	lorida)
Delaware	3		
		(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual	)
F	eb. 10, 2020		
488 Madison Ave	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,150 enue ,11th Floor, New York, NY 10022		
		office address)	<del></del>
	,		<i>ڊ-</i> ء
	(Current mailin	g address, if different)	2/200 2
	et address of Florida registered agent: (P.O	. Box NOT acceptable)	1
Name and stree			
Name and street	Veorp Services, LLC		- <del>10</del>
Name:	Veorp Services, LLC		- P
Name:	Veorp Services, LLC 5011 South State Road 7, Suite 106		61.2.73
	Veorp Services, LLC 5011 South State Road 7, Suite 106		2.73

<sup>10.</sup> 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. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS	
Chairman		
Address:		
Viva Chai	irman:	·
Address:		
·	Marc Gaffan	
	488 Madison Avenue ,11th Floor, New York, NY 10022	
Address.		
Director:		
Address:		
B. OFF	ICERS	
	Marc Gaffan	
President	488 Madison Avenue ,11th Floor, New York, NY 10022	7020
Address:	410 Mail Son Mente, 17 Million Teor Vol. 1	7020
Vice Pres	sident:	N
Address.		<del></del>
·	r:	
		,
Treasure	r:	
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/o	r directors.
12	Signature of Director or Officer	
The offi	Signature of Effector or Officer of 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 legree felony as provided for in s.817.155, F.S.	of State constitutes
140	re Gattan, President	
	(Typed or printed name and capacity of person signing application)	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HYSOLATE 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 FIRST DAY OF OCTOBER, 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 "HYSOLATE INC."
WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 2017.

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

20200 - - 2 P. 5 - 1

Authentication: 203777139

Date: 10-01-20

6451242 8300 SR# 20207600384