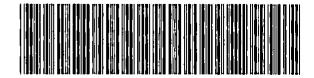
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Integrated Virus Del	feating Solutions, Inc.		
	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corpora	rtificate of Good Standi	ng" and check are submitte	
Please return all correspondence of	concerning this matter to	the following:	
Philip Sergeant			
	Name of Pe	rson	
Integrated Virus Defeating Solutions	s. Inc.		
	Firm/Compa	ny	
608 SW Squire John's Lane			
	Address		
Palm City, FL 34990			
	City/State and	Zip code	
philsergeant@me.com			
E-mail	address: (to be used for	future annual report notific	cation)
For further information concerning this matter, please call:			26795
Philip Sergeant	at (866 7790	
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 ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n (2)
-	RIDA DEPARTMENT O .75 Filing Fee & □ \$		\$87.50 Filing Fee, 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.

inc., Co., "Co	orp," "Inc," "Co," or "Corp.")			
IVDS, Inc.				
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	isiness in Florida)	
Delaware 3.		85-2915677		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
09/27/2010 5.		perpetual		
(Date	(Date of incorporation) (Date of duration, i			
upon registratio	n			
	(Date first transacted business in	a Florida, if prior to registration) (02, F.S., to determine penalty liability)		
Trolley Square S	uite 20C. Wilmington, DE 19806	02, 1.5., to determine penalty hability)		
	(Principal offi	co stroot addross)		
	(Principal offi	ce street address)		
	(Principal offi	g address, if different)		
	(Principal offi			
	(Principal offi	g address, if different)		
Name and street	(Principal offi	g address, if different)	78716	
Name and stree	(Principal offi (Current mailin et address of Florida registered agent: (P.C.) Philip Sergeant	g address, if different)	2871° 2	
Name and street	(Principal offi (Current mailin et address of Florida registered agent: (P.C	g address, if different)	787 ° 21	
Name and stree	(Principal offi (Current mailin et address of Florida registered agent: (P.C.) Philip Sergeant	g address, if different)		
Name and stree	(Principal offi (Current mailing) et address of Florida registered agent: (P.C.) Philip Sergeant 608 SW Squire John's Lane	g address, if different) D. Box NOT acceptable)	187 1 1 8: 24	

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]:

(Registered agent's signature)

A. DIRECTORS	•			
□Chairman	Philip Sergeant Name:	□Chairman	Name:	
□Vice Chairman	Address: 608 SW Squire John's Lane	□Vice Chairman	Address:	
□Director	Palm City, FL34990	Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□ Secretary		□Treasurer
□Other		□Other		□Other
□Chairman	Name:	□Chairman	Name:	·
□Vice Chairman	Address:	☐ Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		□Other
				Zapa c
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	.~)
□Director		□Director		
□President		□President		
□Vice President		☐ Vice President		
Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing four Florida Dep	partment of State Annual Re	eport form.	purposes only. Non-indexed
)			
	ctor signing this document (and who is listed in tallse information submitted in a document to the 4			
Philip Serge	eant			

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



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

DELAWARE, DO HEREBY CERTIFY "INTEGRATED VIRUS DEFEATING SOLUTIONS,

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 EIGHTEENTH DAY OF

SEPTEMBER, 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 "INTEGRATED VIRUS DEFEATING SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2010.

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



Authentication: 203686243

Date: 09-18-20