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(Requestor's Name)		
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
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10/14/20--01033--003 **70.00

COVER LETTER

TO:	D: Registration Section Division of Corporations				
SUBJ	ECT:	Hypan Co., Inc.			
		Name	of corporation - r	nust include suffix	
Dear S	Sir or Ma	dam:			
"Certi	ficate of	Application by Foreign C Existence," or "Certificate ed foreign corporation to t	e of Good Standin	g" and check are submitt	
Please	return al	l correspondence concern	ing this matter to	the following:	
		Scott	M. Panzer		
			Name of Per	son	
		Нура	an Co., Inc.		
			Firm/Compa	ny	
		9565	Via Elegante		
			Address		
		Well	ington, FL 33	411	
			City/State and	Zip code	
		scott	panzer@optor	line.net	-
		E-mail addres	s: (to be used for	future annual report notif	ication)
For fu	rther info	ermation concerning this r	natter, please call	:	
Ş	Scott M	. Panzer	at (917)	859-0987	
		of Person	Area Code	Daytime Telephon	e Number
	Registr Division The Ce 2415 N	ET/COURIER ADDRES ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 81 assee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
Please		heck for the following am ck payable to: FLORIDA B ng Fee	EPARTMENT O		

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.

 Hypan Co. 	, Inc.	
	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. NY	3.	13-4198095
(State or country	3. under the law of which it is incorporated)	(FEI number, if applicable)
4. 10/05/2001	l s	
	of incorporation)	(Date of duration, if other than perpetual)
6	(Date first transacted business in	North Color to animation
		i Piorida, ii prior to registration) i02, F.S., to determine penalty liability)
- 0565 Via E		
7. <u>9303 via E</u>	Elegante, Wellington, FL 33411	ee <u>street</u> address)
	(Time)par offi	STEEL AUGICSSI
	(Current mailin	g address, if different)
	(Current maint	g address, if different)
8. Name and street	t address of Florida registered agent: (P.C), Box NOT acceptable)
Name:	Scott M. Panzer	
		
Office Address:	9565 Via Elegante	
	Wellington	. Florida 33411
	Wellington (City)	(Zip code)
9. Registered age	•	ce of process for the above stated corporation at the place
		nent as registered agent and agree to act in this capacity. I
further agree to co	emply with the provisions of all statutes r	elative to the proper and complete performance of my dutie:
and I am familiar	with and accept the obligations of my po	sition as registered agent.
	11 111	
	111 V 111 V	08
_	100	
	(Registered agent's si	gnature)

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: Scott M. Panzer	□Chairman	Name:			
□Vice Chairman	Address: 9565 Via Elegante	□Vice Chairman	Address:			
□Director	Wellington, FL 33411	□Director				
⊠ President		□President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer			
⊡Other	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			
□ 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: Use an attachment to report giore than six (6)/ The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
14.	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 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, F.S.						
13.	Scott M. Panzer, President					

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HYPAN CO., INC. was filed on 10/05/2001, 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.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 06th day of October two thousand and twenty.

Brada C Hyles

Brendan C Hughes

Executive Deputy Secretary of State