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(Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cil	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850 656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv.

ORDER FORM

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 10/19/2020

PRIORITY Routine

OUR REF_#_(Order_ID#)) 857492

ORDER ENTITY

IOT HOST, INC.

PLEASE PERFORM	THE FOLLOWING SERVICES:
IOT HOST, INC.	(FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: fred@myvanquard.net

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, October 19, 2020 Page 1 of 1

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.

IoT Host, Inc.				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"	-
(If name unavaila	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacti	ng business in Florida)	-
Delaware	3			
(State or countr	y under the law of which it is incorporated) 3, _	(FEI number, if a	pplicable)	-
October 14, 202	o 5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		-
Not Applicable				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 22, F.S., to determine penalty liabi	lity)	_
424 Hampton Ros	ad, West Palm Beach, Florida 33405			
	(Principal office	e <u>street</u> address)		-
	(Current mailing	address, if different)	7 2	•
			2001 OCT 19 SECRETANI TALLAHASSE	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	0C1	
Name:	Frank Caruso Jr.		(A)	-
ffice Address:	424 Hampton Road			<u> </u>
	West Palm Beach	33405	KH 9: 07	
	(City)	, Florida 33405 (Zip code)	* 07	
	-	(Zip code)	» 7	
	ent's acceptance:	a of manages for the allowed the		
signatea in ints	ed as registered agent and to accept service application, I hereby accept the appointme	ent as registered agent and ago	ree to act in this cano	anita.
Ther agree to co	omply with the provisions of all statutes rel	lative to the proper and compli	ete performance of m	ıy dıa
• 1 um jonuuur	with and accept the obligations of my posi	non as registered agent.		
	(Registered agent's sig	nspire)		
Attached is a d	certificate of existence duly authenticated, in State, by the Secretary of State or other off	ot more than 90 days prior to d	lelivery of this applica	ation

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:	□ Chairman	Name: Scott Matukas
□Vice Chairman	Address: 424 Hampton Road	□Vice Chairman	Address: 4728 Lawsher Drive
Director	West Palm Beach, Florida 33405	Director	Syracuse, New York 13215
■President		□President	
□Vice President		□Vice President	
☐Secretary	☐ Treasurer	Sccretary	Treasurer
□Other	Other	Other	Other
□Chairman	John Mercer	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
■Director	Tully, New York 13159	□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	
☐Sccretary	☐ Treasurer	☐ Secretary	□Treasur er
□Other	Other	□Other	Other
The officer of threshe is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). The activity to the index when alling your Florida Department of Director signing this document (and who is listed in numalse information submitted in a document to the Dep	r or Officer	part the facts stated herein are true and that he or
13. Frank Carus	so Jr., President		
	(Typed or printed name and capacity of pe	rson signing application)



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

DELAWARE, DO HEREBY CERTIFY "IOT HOST, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IOT HOST, INC."

WAS INCORPORATED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203880500

Date: 10-16-20