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TO: Registration Section Division of Corporations

Insticator, Inc.

SUBJECT: _____

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Zachary Dug	w	
	Name of Per	son	
	Insticator, Ir	IC.	
	Firm/Compa	ny	
	622 North Flagler Dri	ve APT 404	
•	Address		<u> </u>
	West Palm Beac	n, FL 33401	
	City/State and	Zip code	
	zack.dugow@insticator.com	n and sam@insticator.co	m
	E-mail address: (to be used for	future annual report notif	ication)
Sam Pelton Name of Person	ai (<u>480</u>) Area Code	784-7958 Daytime Telephone	2320 K. + 2 Number = 2
STREET/COUR Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL - 3	on orations lahassee Street, Suite 810	MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	rations w
-	o: FLORIDA DEPARTMENT O S78.75 Filing Fee & 🛛 🗍 S		S87.50 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.

Insticator, Inc.

1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")

(If name unavaila Delaware	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting busi 46-0704002	ness in Florida)
July 30th, 2	9 under the law of which it is incorporated) 012	(FEI number, if applicab	le)
·(Data.	of incorporation) 555	(Date of duration, if other than p	amatual
September		(Date of duration, if other than p	erpetuar)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	2, F.S., to determine penalty liability)	
622 North Fl	agler Drive APT 404, West Palm Bead	ch, FL 33401	
	(Principal office	street address)	
	(Current mailing	address, if different)	
Name and street	t address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	11 0202
Name:	Zachary Dugow		
ffice Address:	622 North Flagler Drive APT 404		
	West Palm Beach		-P
	(City)	(Zip code)	5 20 20

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.

Zactory Dugar

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.

•	•	•		•	•

A. DIRECTORS

x]Chairman	Name: _	Zachary Dugow		□Chairman	Name:	
□Vice Chairman	Address	:: <u></u>		□Vice Chairman	Address:	
Director		Venetian Way apt 27 ni Beach, FL 33139	202	 Director 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:	2021
□Vice Chairman	Address	s:		□Vice Chairman	Address:	·····
Director	. <u> </u>			Director	<u> </u>	
□President				President		
□Vice President			<u></u>	□Vice President	<u> </u>	·.· ·>
Secretary		Treasurer		Secretary		□Treasurer
Other		Other		Other		Other

Important Notice: Use an attachment to report more 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.

Jackay Dryohr Signature of Director or Officer 12. _____

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.

	Zachary [Dugow
13.		U



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSTICATOR, 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 FIFTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2020 11: - 2 P: 4: 25

Page 1



Jeffrey W. Budioci, Secretary of State)

Authentication: 203798980

Date: 10-05-20

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SR# 20207656134 You may verify this certificate online at corp.delaware.gov/authver.shtml