# F20000005299

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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NOV 30 2020 K. Brumbley

## Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901

302.531.0855 Fax: 302.531.3150 www.incserv.com

e-mail: accounting@incserv.com



### **ORDER FORM**

cerely,

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: 11/25/2020	PRIORITY	Regular Approval	OUR REF_# (Order ID#) 870285
ORDER ENTITY CONVSERIONROBOTS INC.			
PLEASE PERFORM THE FOLLOWI CONVSERIONROBOTS INC. (FI	NG SERVICES	Š:	
File the attached foreign qualification	on document		
IOTES: 70.00 Authorized mail address for annual report remin		ressable.app	
ETURN/FORWARDING INSTRUCTION NUMBER: 120050000052	CTIONS:		
ease bill the above referenced acco	unt for this ord	der.	
you have any questions please con	tact me at 656	-7956,	

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.

## 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.

. ConversionRo	obots Inc.				
	orporation; must include "INCORI orp," "Inc," "Co," or "Corp,")	PORATED," "C	OMPANY," "CORPORATIO	",''C	
(If name unavaila	ble in Florida, enter alternate corp	orate name adop	led for the purpose of transact	ing business in Florida)	
•	Delaware	aware 3. he law of which it is incorporated)			
(State or country	under the law of which it is incor	porated)	(FEI number, if	applicable)	
	2/26/19	5			
(Date	2/26/19 5		(Date of duration, if other than perpetual)		
		8/17/20			
	(Date first transacted	d business in Flor 01 & 607.1502, I	rida, if prior to registration) F.S., to determine penalty liab	ility)	
	1013 S Los Ang	eles St, FL 6, I	os Angeles, CA 90015		
·		rincipal office st	reet address)		
	(Cu	rrent mailing add	lress, if different)	<del></del>	
		·		25.EC	
Name and stree	t address of Florida registered a	igent; (P.O. Bo	x NOT acceptable)		
Name:	Scott Hasbrouck		Box NOT acceptable)  ARCIARY STEERS		
ice Address:	5679 Riverboat Cir SW				
	Vero Beach		Florida <u>32968</u>		
	(City)		(Zip code)	57	
) amint amail a con-	-43				
	nt's acceptance: ed as registered agent and to a	ccept service of	nrocess for the above stat	ed cornoration at the plac	
nated in this	application, I hereby accept th	e appointment	as registered agent and ag	ree to act in this capacity.	
	omply with the provisions of all with and accept the obligation			lete performance of my di	
um jumiliur	with and accept the obligation	s of my position	i as registerea agent.		
	$\sim$	< 1	P		
	- Sú	no wo			
	(Registere	rd agent's signati	=	<del></del>	

ached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to artment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction ne law of which it is incorporated.

#### A. DIRECTORS Name: Chris Tosswill Name: Adam Szarzynki ∑Chairman □ Chairman □Vice Chairman Address: 1013 S Los Angeles, FL6 ▼ Vice Chairman Address: 1013 S Los Angeles, FL6 Los Angeles, CA 90015 Los Angeles, CA 90015 □ Director □ Director □President □President □ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary **▼**Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Name: May Sermonia □Chairman □ Chairman Name: \_\_\_\_\_ Wice Chairman Address: 1013 S Los Angeles, FL6 □ Vice Chairman Address: Los Angeles, CA 90015 'Director □Director President □President 7ice President ☐ Vice President ☐Treasurer ecretary ☐ Secretary ☐ Treasurer ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ irman Name: \_\_\_\_\_ ☐ Chairman Name: Chairman Address: ☐ Vice Chairman Address: tor □ Director 'ent □President resident □Vice President ☐Treasurer гy □ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ lotice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer

director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he or nat false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

May Sermonia, Chief of Staff



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

DELAWARE, DO HEREBY CERTIFY "CONVERSIONROBOTS 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 TWENTY-FOURTH DAY OF NOVEMBER, 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 "CONVERSIONROBOTS INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 204160693

Date: 11-24-20