	
	(Requestor's Name)
<u>.</u>	(Address)
	(Address)
 	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
ertified Copies	Certificates of Status
	to Filing Officer:
	
	Office Use Only



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MALLAHASSEE, FLORIBA 2021 JAN 29 PM 1:55

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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



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 1/28/2021

PRIORITY Routine

OUR REF_#_(Order_ID#) | 887485

ORDER ENTITY

EVQLV, INC.

_								
P	LEAS	E PER	FORM	THE	FOI I	OWING	SERV	TCFS:

EVQLV, INC. (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: jim@weinbergpc.com

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.

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.

	able in Florida, enter alternate corporate name a		business in Florida)		
OELAWARE (State or country under the law of which it is incorporated)		(FEI number, if applicable)			
12/5/2019	, , ,		ŕ		
(Date of incorporation)		(Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability	·)	-	
3960 54th ST Ap	t 4k Woodside, NY 11377				
	(Principal offic	ce <u>street</u> address)			
			·····	_	
	(Current mailin	g address, if different)	202		
Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)			
Name:	Andrew Satz		IJAN 29	7	
ffice Address:	9380 Harding Ave	_	3		
The Audiess:	Surfside	33154			
	(City)	, Florida 33154 (Zip code)	200		
		(Zip code)	~		
	ent's acceptance: ed as registered agent and to accept servio	ed of process for the above stated	composation at the	nla	
		re of process for the above stated	corporation at the	ршс	
aving been nan signated in this	application, I hereby accept the appointmompty with the provisions of all statutes re	ent as registered agent and agree	e to act in this capa	acity.	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS			
☐Chairman .	Name: Andrew Satz	□ Chairman	Name: Brett Averso
'□Vice Chairman	9380 Harding Ave	□Vice Chairman	Address: 3960 54th ST Apt 4K
Director	Surfside, FL 33154	□Director	Woodside, NY 11377
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	☐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
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment and the index when filing your Florida Department	ant of State Annual D	Annut forms
12.			
	Signature of Director	or Officer	
The officer or dire	ctor signing this document (and who is listed in number alse information submitted in a document to the Depar	er 11 above) affirms ti	hat the facts stated herein are true and that he or
13. Andrew Sat	z President		

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EVQLV, 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-EIGHTH DAY OF JANUARY, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVQLV, INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 2019.

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

at corp.delaware sov/auti

Authentication: 202391151

Date: 01-28-21

7737201 8300 SR# 20210254424

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