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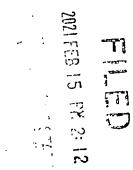
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT:	Shelterluv In	surance Services, Inc.			
			Name of corpora	lion - mu	st include suffix	
Dear S	ir or M	adam:				
"Certif	icate of	Existence," o	by Foreign Corporation or "Certificate of Good 5 portion to transact bus	Standing'	and check are sul	omitted to register the
Please	return a	all correspond	ence concerning this ma	tter to th	e following:	2021 FEB 15 Ph 2: 12
Josh C)wen					五五
			Name	of Perso	ก	· · · · · · · · · · · · · · · · · · ·
Westr	ont As	sociates, Inc.				
			Firm/C	ompany	•,	11.0
1763 A	Aarlton	Pike East, Su	ita 200			22.
17031	TBIROIT	FIRE Edst, 30		ldress		 ~
Ch.	1.4711 - 6.4					
Cherry	HIII, N	J 08003	City/Stat	e and Zi	n code	
_			Ony, on	t diid 21	, code	
died@	shelter	łuv.com I:	-mail address: (to be use	d for fu	ure annual report	notification)
					•	
For fur	ther inf	ormation con	cerning this matter, pleas	se call:		
				_		
Josh C		e of Person	at (<u>856</u> Area (16-0220 Daytime Telep	hana Mumhar
	Maine	or reison	Aiça	. CAIC	maytime relep	mone Number
	Regist Divisi The C 2415	tration Section on of Corpora entre of Talla	tions hassee cet, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
			ollowing amount:	A.1187 (. 4.7 (7	781 A 781 A	
Please n ■ \$70.			FLORIDA DEPARTME \$78.75 Filing Fee &		TATE .75 Filing Fee &	□ \$87.50 Filing Fee.
-			Certificate of Status		tified Copy	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.

	orporation; must include "INCOR urp," "Inc," "Co," or "Corp.")	PORATED," T	OMPANY," "CORPORATION,"	
(If name unavails	able in Florida, enter alternate con	porate name adop	ted for the purpose of transacting business	n Florida)
Deluware		3 85	1366153	
(State or countr	y under the law of which it is med	xporated)	(FEI number, if applicable)	
12/1 <i>7/2</i> 020		5.		
(Date of incorporation) (Date of duration, if other t		(Date of duration, if other than perpett	al)	
.				
, 2027 Hanover St.			rida, if prior to registration; F.S., to determine penalty hability)	2021 FEI
-		Principal office st	(reet address)	 [3
736 College Ave.	, Menlo Park, CA 94025		·	J
	1C	urrent mailing ad	dress, if different)	72
 Name and <u>street</u> Name: 	nddress of Florida registered Brandon Jones	agent; (P.O. B	ox <u>NOT</u> acceptable)	2:12
Office Address:	1982 Bright Water Dr		_	
	Gulf Breeze		. Florida 32563	
	(City)		(Zip code)	

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.

(Registered agent's signature)

10. Attached is a certificate of existence disponthenticated, 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					
□Chairman	Name: Gregory Williams Lucas	□Chairman	Name:		
□Vice Chairman	736 College Ave	□Vice Chairman	Address:		
Director	Menlo Park, CA 94025	Director			
■ President	***************************************	□President			
□Vice President		∐Vice President			
□Secretary	□Treasurer	☐Secretary	□Treasurer		
Other CEO	Other	Other			
☐Chairman	Name:	□Chairman	Name:		
⊔Vice Chairman	Address:	∐Vice Chairman	Address:		
□Director		Director	7.021 F		
□President		□President			
∐Vice President		□Vice President	ر ال		
□Secretary	□Treasurer	□Secretary	Treasurer T		
Other	□ Other	□Other	e de la companya de		
□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 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. 12. Signature of Director or Officer					
Signature of Director or Officer The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he of					

The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.

Gregory Williams Lucas, President, CEO, & Director

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SHELTERLUV INSURANCE SERVICES, 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 NINETEENTH DAY OF JANUARY,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHELTERLUV

INSURANCE SERVICES, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY

OF DECEMber, A.D. 2020.

Authentication: 202319885

Date: 01-19-21