Fa10000158

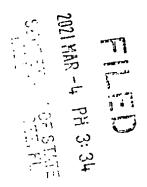
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

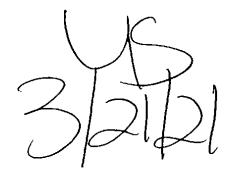




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03/04/21--01031--013 **78.75





COVER LETTER

•	istration Section sion of Corporations					
SUBJECT	Nsure Inc.					
		Name of corporation	ı - must	include suffix		
Dear Sir or N	Madam:					
"Certificate	of Existence," or "Co	reign Corporation for ertificate of Good Star tion to transact busine	nding" ar	nd check are sub	mitted to register th	2 4
Please return	all correspondence	concerning this matte	r to the f	ollowing:		1 5
Ira R. Hecht					Úģ.	PH
	_	Name of	Person		17.02	PH 3: 34
Nsure Insurar	ice Agency Inc.				下言	<u>2</u>
		Firm/Con	npany		·	
6501 Congres	ss Avenue, Suite 300					
		Addr	ess			
Boca Raton, I	FL 33487					
		City/State a	ınd Zip c	ode		
ira.hecht@ns						
	E-mai	address: (to be used	for futur	e annual report i	notification)	
For further is	nformation concerni	ng this matter, please	call:			
Ira R. Hecht		561 at (437-6049			
Nar	me of Person	Area Coo	le	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	iling Fee 🔲 \$78	RIDA DEPARTMENT	= \$78.75	ATE 5 Filing Fee & ied Copy	☐ \$87.50 Filing Certificate of Certified Co	f Status &

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.

•	dopted for the purpose of transacting business in Florida)		
•			
3 8	12.5360830		
	32-5369839		
ider the law of which it is incorporated)	(FEI number, if applicable)		
5			
ncorporation)	(Date of duration, if other than perpetual)		
Suite 300, Boca Raton, FL 33487			
(Principal office	e <u>street</u> address)		
(Current mailing	address, if different)		
Idress of Florida registered agent: (P.O.	Box NOT acceptable)		
Quark Ventures, LLC			
501 Congress Ave., Suite 300			
oca Raton	, Florida 33487		
(City)	(Zip code)		
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 Suite 300, Boca Raton, FL 33487 (Principal office (Current mailing Idress of Florida registered agent: (P.O. Duark Ventures, LLC) 501 Congress Ave., Suite 300 oca Raton		

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.

(Registered agent's signature)

A. DIRECTORS			
□Chairman	Name: Adrian Dzielnicki	□Chairman	Name: Wojciech Gudaszewski 6501 Congress Ave, Su
□Vice Chairman	6501 Congress A.R., Suite 300 Address: Boca Raton, FL 33487	□ Vice Chairman	Address: Beca Ration FL 334
Director		□Director	-
President		□President	
□Vice President		■ Vice President	
■ Secretary	☐!Treasurer	□Secretary	■ Treasurer
■Other CEO	Other	□Other	CFO □Other □
□Chairman	Name: Gabriel Halaban Name: Ave., Suite 30	□Chairman ∽6	Name:
□Vice Chairman	Address: Boen Rection, FL 33487	□ Vice Chairman	Address:
Director		□Director	2021 HAR
□President		□President	7
□Vice President		□ Vice President	
Secretary	□Treasurer	Secretary	□.Treasurercy
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
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Directo	ment of State Annual Re	
	Signature of Directo	o o onee	

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.

Adrian Dzielnicki

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NSURE 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 SEVENTH 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 "NSURE INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES THAVE TO SEE THAT THE FRANCHISE TAXES THAVE THAT THE FRANCHISE TAXES THAT THE FRANCHISE THAT THE FRANCHISE TAXES THAT THE FRANCHISE TAXES THAT THE FRANCHISE TAXES THAT THE FRANCHISE TAXES THAT THE FRANCHISE THAT THE FRANCHISE TAXES THAT THE FRANCHISE THE THAT THE FRANCHISE THE THAT THE FRANCHISE THE THAT THE FRANCHISE THE THE THE FRANCHISE THE THE THE THE THE THAT THE FRANCHISE THE THE THE T



Authentication: 202234979

Date: 01-07-21