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TO:	Registration Sec Division of Con				•
SUBJ	ECT:	Push Interac	tions, Inc.		
3C D 0		Name of o	corporation -	must include suffix	···
Dear S	ir or Madam:				
"Certif	ficate of Existence		Good Standi	ng" and check are sub-	ct Business in Florida," mitted to register the
Please	return all corresp	ondence concerning	g this matter	to the following:	
Rodne	y Edmiston				
			Name of Pe	rson	
OSBC					
			Firm/Compa	iny	
4000 W	Vashington Rd. Ste	104			
			Address		
МсМи	тау, РА 15317				
		C	City/State and	Zip code	
marissa	@getamplifiedbiz.o	com			
		E-mail address: (t	o be used for	future annual report n	notification)
For fur	ther information of	concerning this matt	er, please cal	l :	
			, [•	
Marissa	a Mitchell	at	,724	712-0539	
	Name of Person		Area Code	Daytime Telepl	hone Number
	Registration Sec Division of Corp The Centre of Ta	orations Illahassee Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 6322 Tallahassee, F	ection orporations 7
		he following amounto: FLORIDA DEPA		F STATE	
	.00 Filing Fee	\$78.75 Filing F Certificate of S	ee & 🗆 S	578.75 Filing Fee & Certified Copy	☐ \$87.50 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.

	JSH Interaction	ns, Inc. orporation; must include "INCORPORATED,"	"COMPANY" "CORPORATION"
		orp," "Inc," "Co," or "Corp.")	
	c		described in Florida
		able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
2. M	1aryland 	try under the law of which it is incorporated).	84-2267578
			(FEI number, if applicable)
	June 27, 201		(Date of duration, if other than perpetual)
		of incorporation)	(Date of duration, if other than perpetual)
6. N/.	'A		
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)
7.	6505 BELCR	EST RD STE 102 HYATTSVILLE MD 20	7782
		(Principal offic	ce <u>street</u> address)
St	uite 603	(Current mailing et address of Florida registered agent: (P.O.	g address, if different) Pox NOT accortable)
0, 14	anic and succ		box <u>NO1</u> acceptable)
	Name:	Rodney Edmiston	 ~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Offic	e Address:	1250 E. Hallandale Beach Blvd Suite 603	—————————————————————————————————————
Hallanda ———————————————————————————————————		Hallandale Beach	— Florida 33009
		(City)	(Zip code)
desig furth	nated in this ser agree to co	application, I hereby accept the appointm	e of process for the above stated corporation at the place ent as registered agent and agree to act muthis capacity. I lative to the proper and complete performance of my duties ition as registered agent.
		(Registered agent's sig	nature)

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	Dadnay Edmiston		
☐ Chairman	Rodney Edmiston Name:	□ Chairman	Name:
□ Vice Chairman A	Address: Suite 603	☐ Vice Chairman	Address:
☐ Director	Hallandale Beach, FL 33009	☐ Director	
President		□President	
□ Vice President_		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	☐Treasurer
Other	Other	□Other	Other
□ Chairman	Name:	□Chairman	Name:
	Address:		Address:
☐ Director		□Director	
☐ 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	
□ Secretary	□Treasurer	□Secretary	□Treasurer
□ Other	Other	Other	Other
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12	Rodna Colmita	Off	1011
	Signature of Director of tor signing this document (and who is listed in number lise information submitted in a document to the Departr Rodney Edmiston	· 11 above) affirms th	nat the facts stated herein are true and that he o
17			

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

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT P.U.S.H. INTERACTIONS, INC. (D19771930), INCORPORATED JUNE 27, 2019, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 16, 2021.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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