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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Conduko, Inc.			
30b31.01.	Name of corporation	n - must include suffix	-
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporat	rtificate of Good Star	nding" and check are sub-	
Please return all correspondence of	concerning this matte	r to the following:	
Andrew Vitrano			. •
	Name of	Person	·
Conduko, Inc.			
	Firm/Con	npany	
777 S Flagler Dr, Suite 800 - West T			
	Addr	······································	
West Palm Beach, Fl. 33401			, · · · · ·
	City/State a	ind Zip code	
andrew@conduko.com	•	•	
E-mail	address: (to be used	for future annual report no	otification)
For further information concerning	g this matter, please of	call:	
Andrew Vitrano	917 at (533-4749	
Name of Person	Area Cod	le Daytime Teleph	one Number
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	RIDA DEPARTMENT	TOF STATE ☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status Certified Copy

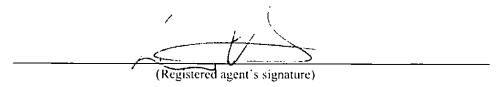
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Conduko, Inc.					
	orporation; must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	D,	"COMPANY," "CORPORATION	••	
(If name unavaila	able in Florida, enter alternate corporate nan	ne a	adopted for the purpose of transacting	busine	ss in Florid
Delaware		3.			
(State or country			(FEI number, if app	licable)	
March 6, 2015		5.	perpetual		
(Date	of incorporation)	•	(Date of duration, if other th	an perp	etual)
N/A				:	-
777 S Flagler Dr,	(SEE SECTIONS 607.1501 & 607 Suite 800 - West Tower West Rale	1.15 \\		v) :	
	(Principal c	1111	ce <u>street</u> address)	- <u>;</u> :	
-	(Current mai	lin	g address, if different)		
Name and stree	t address of Florida registered agent: (I	°.O	Box <u>NOT</u> acceptable)		
Name:	Andrew Vitrano				
ffice Address:	777 S Flagler Dr. Suite 800 - West Towe	Γ			
	West Palm Beach		, Florida		
	(City)		(Zip code)		

9. Registered agent's acceptance:

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.



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			
■ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director	Suite 800 - West Tower	□Director	
□President	West Palm Beach, FL 33401	□President	
□Vice President		□ Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
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
□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). To added to the index when filing your Florida De	he attachment will be image partment of State Annual Re	d for reporting purposes only. Non-indexed port form.
	Signature of Director signing this document (and who is listed in	rector or Officer number 11 above) affirms th	at the facts stated herein are true and that he

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.

Andrew Vitrano

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

DELAWARE, DO HEREBY CERTIFY "CONDUKO, 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-SECOND DAY OF MARCH, A.D. 2021.

Authentication: 202793242

Date: 03-22-21