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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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05/12/2021

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	Acc#120160000072
Name:	Threat X, Inc.
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COVER LETTER

	tration Secti				
	Threat X, In				
SUBJECT:		Name of	corporation -	must include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence.	n by Foreign Corp or "Certificate o corporation to trai	f Good Stand	Authorization to Transact ling" and check are subness in Florida.	t Business in Florida," nitted to register the
Please return Gwen Quest	all correspo	ndence concerning	g this matter	to the following:	
			Name of I	Person	_
Threat X, Inc.					
	_		Firm/Com	pany	
363 Centennia	al Parkway, S	uite 150			
			Addre	SS	
Louisville, CC	0, 80027				
			City/State ar	nd Zip code	
Accounting@	threatx.com				
		E-mail address:	(to be used I	or future annual report n	otification)
For further in	nformation c	oncerning this ma	tter, please c	all:	
Gwen Quest			888 at (303-5580	
Nan	ne of Person		Area Cod	e Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is	a check for t	he following amo	unt:	/	
□ \$70.00 F	iling Fee	□ \$78.75 Filing Certificate o	,	\$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.

(Einer name of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION." "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 37-2300857 (State or country under the law of which it is incorporated) 10/29/2014 5. (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) 11/1/2020 (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 363 Centennial Parkway, Suite 150, Louisville, CO 80027 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System (City) 1200 South Pine Island Road (City) Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the plant designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity 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. CT Corporation System	Threat X, Inc.	_			
Delaware 3,	(Enter name of co		"COMPANY," "CORPORATION,"	•	
Delaware 3,	(If name unavaila	ble in Florida, enter alternate corporate name a	idopted for the purpose of transacting	business in Florida)	
(Date of incorporation) (Current manual principal office address) (Current mailing address. if different) (Current mailing address. if	Dalamara		47-2300857		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 363 Centennial Parkway, Suite 150, Louisville, CO 80027 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1200 South Pine Island Road Office Address: Plantation. (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the plantacy designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity 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. C T Corporation System					
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Name: 1200 South Pine Island Road 1200 South Pine Island Road	7		al office address)		
Name: 1200 South Pine Island Road 1200 South Pine Island Road		(Current mailir	g address, if different)		
Name: 1200 South Pine Island Road 1200 South Pine Island Road	8 Name and stree	t address of Florida registered agent: (P.C). Box NOT acceptable)		
Office Address: Plantation. Florida 33324 Florida (Zip code)				٠, ﭘﯩﻨ	
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By:		C T Corporation Syst	Christina Kalm		
(Registered agent's signature)	Ву				

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.

DocuSign /Envelope ID: 2307E591-4FA5-40C8-98EE-54E68CC936CE 11- Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _______ Address: __ Vice Chairman: Address: _ Director: _ B. OFFICERS President: 363 Centennial Parkway, Suite 150, Louisville, CO 80027 Address: _ Gene Fay Vice President: 363 Centennial Parkway, Suite 150, Louisville, CO 80027 Address: Bret Settle Secretary: 363 Centennial Parkway, Suite 150, Louisville, CO 80027 Address: Bret Settle Treasurer: 363 Centennial Parkway, Suite 150, Louisville, CO 80027 Address: _ NOTE: If negessary sweep may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer 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.

Gene Fay, CEO/President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THREAT X, 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 ELEVENTH DAY OF MAY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203174553

Date: 05-11-21