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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : 120110000069 : (954)567-0013

Phone : (954)567-3401 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

kathy@apoprocessing.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Intrusion Protection Systems, Inc.

	The second se
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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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.

		stection System	ns, Inc.			
(Enter name of cor	poration; must include "INCORPORP," "Inc," "Co," or "Corp.")	DRATED," "(COMPANY," "CORPORATION,"			
Intrusion Protecti	on Services, Inc					
(If name unavailal	ole in Florida, enter alternate corpo	rate name ado	pted for the purpose of transacting	business in Flo	orida)	
Nevada 3		3	45-3967557			
(State or country	under the law of which it is incorp	orated)	(FEI number, if appl	icable)		
No	vember 30, 2011	5	Perpetual (Date of duration, if other than			-
(Date)	of incorporation)		(Date of duration, if other than	m perpetual)		
	(Date first transacted (SEE SECTIONS 607.150	business in F: 1 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liability)		-
			son, NV 89014			_
	(Pr	incipal office	street address)			
			son, NV 89014	(A	2	
 .	(Cu	rrent mailing t	nddress, if different)	<u> </u>	21 #	(== 3 ;
Name and stree	at address of Florida registered a API Processing - Licensing, Inc		Box <u>NOT</u> acceрtable)	SSVHVI DANASS	AY 24 A	
Name:				رن ربایا	AM 9: 50	
ffice Address:	3419 Galt Ocean Drive, Suite A			ZZ	Ω.	-
	Fort Lauderdale		, Florida	Lij	0	
	(City)		(Zip code)			
laving been nam lesignated in this	ent's acceptance: ned as registered agent and to a application, I hereby accept th comply with the provisions of al with and accept the obligation	ie appoinime I statutes rel	of process for the above stated out as registered agent and agre- ative to the proper and complete tion as registered agent.	corporation e to act in th e performan	at the is cup ce of t	place acity, ny dui
_	Koull	m BaOO ed agent's sig	<u> </u>			

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.

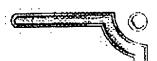
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A. DIRECTORS				
□ Chairman	Name:	Chairman:	Nome:	
∐Vice,Chairmaa '	Address: 5 Longevity Drive	□ Vice Chairman.	Address:	<u> </u>
□Director	Henderson, NV 89014.	□Ďirector		<u></u>
■ President		President		
		□Vice President		
□ Secretary □	☐Treasurer	Socretary		☐ Treasurer
□Оты	□Other	□Other		☐ Other
: Chairman	Name:	□ Chalrman		
□Vice Chairman	Address:	□Vice Chairman		
□ Director		Director-		
∴President.		President		
□Vice President	<u>. </u>	□ Vice President		
□Secretary	☐Treasurer	☐ Secretary		☐ Treesurer
□Other	Other	Other		□Other
C)Chaltina	Name:	Chairman		
□Vice Chairman	n Addressi	∐Vice Chairman		
□Director		Director		
[]President		☐ President	, 	
□Vice Presiden		□Vice President		
□Secretary	☐Treasurer	Secretary		□ Treasurer
Other	□Other	□Other		□Other
Important Notice individuals may	e: Use an attachment to report more than six (6). The builded to the lindex when filing your Florida Depa	, , , , , , , , , , , , , , , , , , , ,		g purposes only. Non-indexed
12. 1/	L+T'S Signature of Direct	tor or Officer		
she is aware the \$.817.155, F.S.	irector signing this document (and who is listed in nu a false information submitted in a document to the Do Kit Tyson South	imbor 11 above) uffirms epartment of State const a. Procident	that the facts s itutes a third de	tated herein are true and that he or gree felony as provided for in
	(Typed or printed name and capacity of	berzou zismus abbricari	way.	

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Sceretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to lilings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, INTRUSION PROTECTION SYSTEMS, INC., as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/30/2011, and is in good standing in this state.

Certificate Number: B202105211688466

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/21/2021.

Souhara K. Cegarste

BARBARA K. CEGAVSKE Secretary of State