## F2100000333

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:  Talk with Sipurosa (Kyle)  Said name is Auriable!  (/17/21				

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## COVER LETTER

TO:		tration Section ion of Corporations					
SHRI	ECT:	The Picket Corporation					
L7 <b>(</b> ) <b>(,)</b>		Nan	ne of corporation	- must include suffix			
Dear S	ir or M	adam:					
"Certif	ficate of	"Application by Foreign f Existence," or "Certific ced foreign corporation t	ate of Good Stand	ding" and check are sub-			
Please	return :	all correspondence conce	erning this matter	to the following:		10	
		e, Esquire	_	Ž.		<u></u>	
			Name of I	Person			
Cippar	one & C	Cipparone, P.A.			•	,	´.
			Firm/Com	pany	· · · · · · · · · · · · · · · · · · ·	- <del>7.11</del> (N)	
1525 1	nternatio	onal Parkway, Suite 1071		-		( )	
			Addre	ss	4.4.4		
Lake N	dary, FI	. 32746					
			City/State ar	id Zip code			
PCippa	arone@(	CipparonePA.com					
		E-mail addr	ess: (to be used f	or future annual report r	otification)		
For fu	rther int	formation concerning this	s matter, please c	all:			
Paul C	іррагов	e, Esquire	at (	275-5914			
	Nam	e of Person	Area Code	Daytime Telep	hone Number		
	Regis Divis The C 2415	EET/COURIER ADDR tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		
Please	sed is a make ch ).00 Fili	_	DEPARTMENT	OF STATE S78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Co	f Status	Ŀ

## 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.

The Picket Corp					
	orporation; must include "INCORPORATED, orp," "Inc." "Co," or "Corp.")	" "COMPANY." "CORPORATION."			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting but	siness in Florida		
Delaware	3.	3. 86-2350032			
(State or country under the law of which it is incorpora		(FEI number, if applicable)			
March 1, 2021	5.		* U		
	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)		
	(SEE SECTIONS 607.1501 & 607.1 1 Parkway, Suite 2000, Lake Mary, FL 32746				
	(Principal off	ice <u>street</u> address)	r-		
	(Current maili	ng address, if different)			
. Name and <u>stree</u> Name:	at address of Florida registered agent: (P.C Cipparone & Cipparone, P.A.	D. Box <u>NOT</u> acceptable)			
ffice Address:	1525 International Parkway, Suite 1071				
	Lake Mary	, Florida <u>32746</u>			
	(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.

(Registered agent's signature)

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: Akhil Chanda
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Suite 2000	□Director	Suite 2000
□President	Lake Mary, FL 32746	□President	Lake Mary, Fl. 32746
□Vice President	<u> </u>	□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
Other CEO	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	
□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 attact added to the index when filing your Florida Department of Signature of Director of	nt of State Annual Ro	
The officer or dire	ctor signing this document (and who is listed in number	· 11 above) affirms th	at the facts stated herein are true and that he o

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.

Joshua Simring, CEO



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

DELAWARE, DO HEREBY CERTIFY "THE PICKET CORPORATION" 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-FIRST DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE PICKET CORPORATION" WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. -2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES.

HAVE BEEN ASSESSED TO DATE.

Authentication: 203267945

Date: 05-21-21