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COVER LETTER

TO: Registration Section			
Division of Corporations			
XIMAD INC.			
SUBJECT:	formaration	- must include suffix	
Name C	or corporation -	- must menude surmx	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to transfer.	of Good Stand	ling" and check are submitted to regi	
Please return all correspondence concernit MARSHALL DEAN SAGE	ng this matter t	to the following:	
	Name of P	Person	
SAGE LAW FIRM			
	Firm/Comp	pany	
2801 B STREET #120	•	•	
	Addres	SS	
SAN DIEGO, CA 92102			
DEAN@SAGELAWSD.COM	City/State and	d Zip code	
DEAN@SAGELAWSD.COM			
E-mail address	(to be used fo	or future annual report notification)	720
For further information concerning this ma	atter, please ca	dl:	
MARSHALL DEAN SAGE 619 880-6444		880-6444	
	619 at (880-0414	- α
Name of Person	Area Code	Daytime Telephone Number	P 3
			公 点 原
STREET/COURIER ADDRESS Registration Section	5:	MAILING ADDRESS:	<u>.</u>
Division of Corporations		Registration Section Division of Corporations	
The Centre of Tallahassee	·		
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Tallahassee, FL 32314	
Enclosed is a check for the following amore Please make check payable to: FLORIDA DE \$\Boxed{\text{\$\subseteq}}\$ \$70.00 Filing Fee \$\overline{\text{\$\subseteq}}\$ \$	PARTMENT (Filing Fee,

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

(Enter name of c	orporation; must include "INCORPORATED," "Co orp." "Inc." "Co." or "Corp.")	MPANY," "CORPORATION,"	
(If name unavaila DELAWARE		ed for the purpose of transacting busi 527743	ness in Florida)
(State or countr 06/24/2020	y under the law of which it is incorporated)	(FEI number, if applicab	
(Date 06/01/2021	of incorporation)	(Date of duration, if other than po	erpetual)
	(Date first transacted business in Flori (SEE SECTIONS 607,1501 & 607,1502, F. ST, SUITE 307; DORAL, FL 33122	S., to determine penalty liability)	2021
	(Principal office <u>str</u> ST, SUITE 307; DORAL, FL 33122	eet address)	JUN - 8
	(Current mailing addi	ress, if different)	S. 2
Name and stree	t address of Florida registered agent: (P.O. Box DMITRY BELOTSERKOVSKY	NOT acceptable)	4 5: 31
fice Address:	17749 COLLINS AVE. APT 1601		
riou riddiess.		33160 Florida	
	(City)	(Zip code)	
iving been name signated in this rther agree to co	nt's acceptance: ed as registered agent and to accept service of papelication, I hereby accept the appointment a amply with the provisions of all statutes relative with and accept the obligations of my position	s registered agent and agree to a to the proper and complete perf	et in this amounts.
	MA		
	(Registered agent's signatur	•)	

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	DMITRY BOBROV			
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	16275 COLLINS AVE, APT 2504 Address:	□Vice Chairman	Address:	
□Director	SUNNY ISLES BEACH, FL 33160	□Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	SERGEY KUPRIYANOV Name:	□Chairman	Name:	
□Vice Chairman		□Vice Chairman	Address:	
□Director	DONAL, FL 33122	Director		·
□President		□President		
□Vice President		□Vice President		
■ Secretary	□Treasurer	□ Secretary		D_freikurer 😤
□Other	Other	Other		Ofther
□Chairman □Vice Chairman □Director	SVETLANA SHTYI Name: 8250 NW 27TH ST, SUITE 307 Address: DORAL, FL 33122	□Chairman □Vice Chairman □Director	Name:	mu in
☐President		□President		
		□Vice President		
□Secretary	■ Treasurer	☐ Secretary		Treasurer
Other	Other	□Other		Other
Important Notice: Undividuals may be a	Use an attachment to report more than six (6). The added to the index when filing your Florida Depar Signature of Direct	tment of State Annual Re	f for reporting port form.	

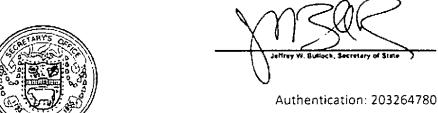
The officer or director signing this document (and who is listed in number 14 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XIMAD 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-FIRST DAY OF MAY, A.D. 2021.

Date: 05-21-21



3130168 8300 SR# 20211515662