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To:

Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 : (954)208-0845 Fax Number

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

Email	Address:			

## FOREIGN PROFIT/NONPROFIT CORPORATION

Holobuilder, Inc.

Certificate of Status	0
Certified Copy	1
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\*\*\*HONOR ORIGINAL DATE 07-23-2021

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

Holobuilder, Inc.		
(Enter name of co "Inc.," "Co.," "Co	rporation, must include "INCORPORATED,"  rp," "Inc," "Co," or "Corp ")	"COMPANY, "CORPORATION,
DELAWARE		Jupted for the purpose of transacting business in Florida)
(State or country 12/04/2015		(FEI number, if applicable)
(Date	of incorporation)	(Date of duration, if other than perpetual)
,	·	Florida, if prior to registration)  72, F.S., to determine penalty liability)
LAKE MARY, FL 250 TECHNOLO	(Principa	al office address)
LAKE MARY. F	1, 32746	53 · · · · · · · · · · · · · · · · · · ·
	1, 32746	g address, if different)
Name and stree	1, 32746	g address, if different)
Name and street  Name:	(Current mailing)  1 address of Florida registered agent; (P.O	g address, if different)
Name and stree	(Current mailing  1 address of Florida registered agent: (P.O.  CT Corporation System  1200 South Pine Island Road	g address, if different)  . Box NOT acceptable)
Name and street  Name:	(Current mailing  1 address of Florida registered agent: (P.O.  CT Corporation System  1200 South Pine Island Road	g address, if different)  Box NOT acceptable)
Name and stree Name: Tice Address:  Registered age aving been name is signated in this riber agree to contact the contact to contact the c	(Current mailing taddress of Florida registered agent: (P.O. CT Corporation System)  1200 South Pine Island Road  Plantation,  (City)  ent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointmentally with the provisions of all statutes references.	g address, if different)  Box NOT acceptable) , Florida , Florida
Name and stree Name: Tice Address:  Registered age aving been name is signated in this riber agree to contact the contact to contact the c	(Current mailing taddress of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island Road Plantation.  (City)  ent's acceptance: ed as registered agent and to accept service application. Thereby accept the appointm	g address, if different)  1. Box NOT acceptable)  2. Florida 33324  (Zip code)  1. Ce of process for the above stated corporation at the planent as registered agent and agree to act in this capacity elative to the proper and complete performance of my frmy 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.

To. +18506176383 Page: 5 of 6 2021-08-12 09 07:29 CST 19542080845 From: Ranae McGraw

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a. DIRI	ECTORS
Chaomao	
Address:	
vice Chai	rman,
Address:	
_	
rector:	ALLEN L. MUHICH
ldress:	250 TECHNOLOGY PARK
	LAKE MARY, FL 32746
restor	MATTHEW J HORWATH
	250 TECHNOLOGY PARK
GI CSS.	LAKE MARY, FL 32746
OFF	ICERS ALLEN E, MUHIICH
ldress:	250 TECHNOLOGY PARK
	LAKE MARY, FL 32746
e Pres	dent
netary.	
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TTC.	If a negation by tuch an addendum to the application licting additional officers and/or directors
<u>.</u>	Allen Arabiche
: true a	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S.
3. Alle	n L. Muhich, President
	(Typed or printed name and capacity of person signing application)

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HOLOBUILDER, 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 THIRTIETH DAY OF JUNE, 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: 203569557

Date: 06-30-21