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NAME: DATAGOVS INC.

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AUTHORIZATION: ABBIE/PAUL HODO

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DataGovs Inc.		
Nai	ne of corporation	- must include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign "Certificate of Existence," or "Certification above referenced foreign corporation	cate of Good Stanc	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.
Please return all correspondence conc	erning this matter	to the following:
Ines Morales Esq.		
	Name of I	Person
PAG.law PLLC		
	Firm/Comp	pany
600 Brickell Ave, Suite 1725		
	Addre	SS
Miami, FL 33131		
	City/State an	d Zip code
ines@pag.law		
E-mail add	ress: (to be used for	or future annual report notification)
For further information concerning th	is matter, please ca	all:
Stephen Zagami	at (310-1001
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following Please make check payable to: FLORID: \$70.00 Filing Fee	A DEPARTMENT	OF STATE \$78.75 Filing Fee &

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.

1. DataGovs Inc.		THE COMPANY WOODBOD (TION)	
(Enter name of confidence of C	orporation; must include "INCORPORA orp," "Ine," "Co," or "Corp.")	TED." "COMPANY." "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate	name adopted for the purpose of transacting	business in Florida)
Delaware 2.		3.	
(State or countr	y under the law of which it is incorporat	ad) (FEI number, if apple	icable)
August 6, 2021		5. (Date of duration, if other tha	
(Date	of incorporation)	(Date of duration, if other the	in perpetual)
6			
	(Date first transacted busi (SEE SECTIONS 607.1501 &	iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)
7. 937 NW 3rd Ave	, Miami Florida 33136		
	(Princip	pal office street address)	
	(Current	mailing address, if different)	<u> </u>
		·	2021 AUS 13
8. Name and stree	et address of Florida registered agent	: (P.O. Box <u>NOT</u> acceptable)	
Name:	Gregory Johnston		3
Office Address:	937 NW 3rd Ave.		
	Miami	, Florida	MII: 30
	(City)	(Zip code)	0
Having been nan designated in this further agree to c	application, I hereby accept the ap-	t service of process for the above stated of pointment as registered agent and agree tutes relative to the proper and complete my position as registered agent.	to act in this capacity. I
	Gregor	y Johnson	

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 Name: ______Ohnston □ Chairman Name: _____ Chairman 937 NW 3rd Ave Address: Address: ☐ Vice Chairman □ Vice Chairman Miami, FL 33136 □ Director **■** Director □President President □ Vice President □ Vice President ☐ Treasurer □ Secretary Treasurer ■ Secretary □Other .____ □Other _____ □Other _____ □Other _____ □ Chairman Name: ______ Name: ______ Chairman ☐ Vice Chairman Address: □ Vice Chairman Address: _____ □Director □ Director □President □ President □Vice President □ Vice President ☐ Treasurer □Treasurer □ Secretary ☐ Secretary □Other _____ □Other __ □Other _____ □Other ____ Name: _______ □ Chairman □Chairman Name: _____ Address: ______ □Vice Chairman Address: ______ Director □ Director □ President □ President □ Vice President __ ☐ Vice President □ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

(Typed or printed name and capacity of person signing application)

Gregory Johnston, President

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

DELAWARE, DO HEREBY CERTIFY "DATAGOVS 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 THIRTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DATAGOVS INC."

WAS INCORPORATED ON THE SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203913400

Date: 08-13-21

6148701 8300 SR# 20212970395