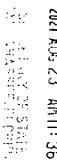
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	<u>.</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 25 2021 In SOLOMON

COVER LETTER

	tration Section on of Corporat	ions			
	Rentevate, Inc.				
SUBJECT		Name of corporati	on - mu	st include suffix	
Dear Sir or M	adam:				
"Certificate of	f Existence," or	y Foreign Corporation for "Certificate of Good Stoporation to transact busing	anding"	and check are sub-	et Business in Florida," mitted to register the
Please return a	all corresponde	nce concerning this mat	ter to the	e following:	
Nathan Slafter					
		Name	of Perso	n	
Rentevate, Inc.					
		Firm/C	ompany		
13475 Atlantic	Blvd. Unit 8, St	ite M106			
		Ad	dress		
Jacksonville, F	L 32225				
		City/State	and Zi	code	
nathan@rente.	ai				
	E-	mail address: (to be use	d for fut	ure annual report n	otification)
For further in	formation conc	erning this matter, pleas	e call:		
Nathan Slafter	Nathan Slafter at (917 828-0716				
Nam	e of Person	Area C	ode	Daytime Telepi	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a Please make ch	eck payable to: I	ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	TATE .75 Filing Fee & tified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Rentevate, Inc.			
	orporation; must include "INCORPORATED," 'orp," "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	isiness in Florida)
Delaware	3		
(State or count) 2.22.2019	y under the law of which it is incorporated)	(FEI number, if applica	able)
·	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other than	perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 lvd. Unit 8, Suite M106, Jacksonville, FL 32225	lorida, if prior to registration) , F.S., to determine penalty liability)	
·	(Principal office	street address)	
	(Current mailing a	ddress, if different)	<u> </u>
. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	2021 AUG 23
Name:	Nathan Slafter		AHII: 36 SECTIVE PLEICULO
Office Address:	13475 Atlantic Blvd. Unit 8, Suite M106		95 .
mee Address.	Jacksonville		36
	(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.



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	<i>,</i>			
□Chairman	Name: Nathan Slafter	□Chairman	Name:	
□ Vice Chairman	13475 Atlantic Blvd. Unit 8 Address:	□ Vice Chairman	Address:	
□Director	Suite M106	Director		
■ President	Jacksonville, FL 32225	□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			□Treasurer
□Other		□Other		□Other 2
				AUG .
□Chairman	Name:	□Chairman	Name:	23
□ Vice Chairman	Address:	□ Vice Chairman	Address:	- CO
□Director		□Director		部 第 36
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	Secretary		□Treasurer
□Other		□Other		Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida De	e attachment will be imaged artment of State Annual Re	I for reporting port form.	purposes only. Non-indexed
12	Signature of Dire	ector or Officer		
she is aware that fa. s.817.155, F.S.	tor signing this document (and who is listed in n lse information submitted in a document to the D er - President			

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RENTEVATE 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 EIGHTEENTH DAY OF AUGUST, 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 SAID "RENTEVATE INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 203946522

Date: 08-18-21