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COVER LETTER ,

•	gistration Section vision of Corporations				
SUBJECT	HubKonnect, Inc.				
Name of corporation - must include suffix					
Dear Sir or	Madam:				
"Certificate	ed "Application by Foreign C of Existence," or "Certificat enced foreign corporation to	te of Good Star	iding" and check are sub		
Please retur	n all correspondence concern	ning this matter	to the following:		
Katherine Ha	artman				
	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	Name of	Person		
HubKonnect	, Inc.				
		Firm/Con	npany		
533 Country	Crest Lane				
	•	Addr	ess		
Waukesha, V	Wisconsin 53188				
· · · · · · · · · · · · · · · · · · ·		City/State a	nd Zip code		
Kathy.Hartn	nan@HubKonnect.com				
	E-mail addre	ss: (to be used	for future annual report r	notification)	
For further	information concerning this	matter, please o	call:		
Katherine Ha	artman	at (896-0823		
Na	me of Person	Area Cod	e Daytime Telep	hone Number	
Reg Div The 241	REET/COURIER ADDRE gistration Section rision of Corporations c Centre of Tallahassee 5 N. Monroe Street, Suite 8 lahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
	a check for the following an check payable to: FLORIDA 1 filing Fee	DEPARTMENT ing Fee & - [OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

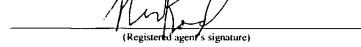
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

HubKonnect In	z.		
(Enter name of c	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transacting business in Florid	
Delaware			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
March 29, 2017	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
() . 1 1 2021			
October, 1 2021	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		
	(Date first transacted business in FI	, F.S., to determine penalty liability)	
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Rd., Suite 157, Pewaukee, WI 53072 (Principal office)	, F.S., to determine penalty liability)	
2108A Silvernail	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Rd., Suite 157. Pewaukee, WI 53072 (Principal office) (Current mailing a	street address) ddress, if different)	
2108A Silvernail	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Rd., Suite 157, Pewaukee, WI 53072 (Principal office)	street address) ddress, if different)	
2108A Silvernail	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Rd., Suite 157. Pewaukee, WI 53072 (Principal office) (Current mailing a	street address) ddress, if different)	
2108A Silvernail Name and stree Name:	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Rd., Suite 157, Pewaukee, WI 53072 (Principal office (Current mailing a et address of Florida registered agent: (P.O. I Michael Koch 7600 Majorca Place, #3003	street address) ddress, if different)	

3. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A: DIRECTORS						
☐ Chairman	Name:	□Chairman	Name: Michael Koeh			
□Vice Chairman	Address:	□Vice Chairman	7600 Majorca Place, #3003			
□Director	Waukesha, WI 53188	□Director	Orlando, FL 32819			
President		□President				
□Vice President		□Vice President				
ElSecretary	☐ Treasurer	☐ Secretary	□Treasurer			
Other		■Other CEO	[](Hher			
□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			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President	<u>, </u>			
□Secretary	☐ Treasurer	□Secretary	Treasurer			
□Other	☐Other	□Other				
	Jse an attachment to report more than six (6). The attact added to the index when filing your Florids Department					
.2.	Vatt-	,)				
	Signature of Director or	Officer	<u> </u>			
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 ne or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for r. s.817.155, F.S.						
13. KATHERINE HARTMAN (Typed or printed name and capacity of person signing application)						



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

DELAWARE, DO HEREBY CERTIFY "HUBKONNE I 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-SECOND DAY OF JULY, 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 "HUBKONNECT INC."

WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2017.

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

Authentication: 203736181

Date: 07-22-21