F210000059999

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

400374759084

10/12/21--01052--012 *+70.00

FILED



Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Nortap Technology, Inc

Name of corporation - must include suffix

Dear Sir or Madam:

,

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Justin Drass

· .

. .

	Nam	e of Person	
Nortap Technology, Inc			
<u></u>	Firm/	Company	
10675 Perry Hwy, #1310	5		
		Address	
Wexford, PA 15090-13	16		
	City/St	ate and Zip code	
finance@patrontechnolo	gy.com		
	E-mail address: (to be u	sed for future annu	al report notification)
For further information	a concerning this matter, ple	ase call: 385-4991	
Name of Pers	at ()	me Telephone Number
STREET/CO Registration S Division of Co The Centre of	rporations	Rcgi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327
2415 N. Monre Tallahassee, F.	be Street, Suite 810 L 32303	Talla	ahassee, FL 32314
	the following amount: the to: FLORIDA DEPARTM	ENT OF STATE	
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		

Name Taskasland Inc

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.

• •••••••••••••••••••••••				
•	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIO)N."	
Patron Technol	ogy, Inc			
(If name unavai	lable in Florida, enter alternate corporate nam	e adopted for the purpose of transact	ing business in Florida)	
Delaware	3	85-2842168		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
9/2/2020	5			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
		fice <u>street</u> address)		
Name and stre	et address of Florida registered agent: (P.	ing address, if different) O. Box <u>NOT</u> acceptable)		
Name:	Corporation Service Company, Inc.		2	
ffice Address:	1201 Hays Street	<u></u>		
	Tallahassee	, Florida		
	(City)	(Zip code)	\sim	
Registered ag	ent's acceptance:		PH	

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 Pmy duties, and I am familiar with and accept the obligations of my position as registered agent.

Nathan True Asst. Secretary (Registered agent's signature)

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.	DIRECTOR	s
----	----------	---

Charman	Robert Amen		Thomas Smith			
Vice Chairman	10675 Perry Hwy, #1316 Address:		10675 Perry Hwy, #1316 Address:			
Director	Wexford, PA 15090-1316		Wexford, PA 15090-1316			
President		() President				
OVice President	·	Vice President				
Secretary		Secretary	Treasurer			
00ther	() Other	Ootbar	00ber			
Chairman Vice Chairman Director President Vice President Secretary Other	Malcom Roberts Name:	Chairman Cha	Marc Jenkins Name:			
	Elizabeth Grider Name:	Chairman Vice Chairman Director	Michael Marty Name:			
()President		President				
OVice President	· _ · · · · · · · · · · · · · · · · · ·	Vice President				
CSO CSO	() Treasurer	Secretary & CPO	()Other			
Important Motion: Use an experiment of report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added if the index there filling your Florida Department of State Annual Report form. 12						

Michael Norty, President & CFO (Typed or privated name and capacity of person signing application) 13.



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTAP TECHNOLOGY 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 FOURTH DAY OF OCTOBER, 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 "NORTAP TECHNOLOGY INC." WAS INCORPORATED ON THE SECOND DAY OF SEPTEMBER, A.D. 2020.

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



Authentication: 204319748 Date: 10-04-21

3587494 8300

SR# 20213420320 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1