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OCT 27 2021

K. Brumbley

COVER LETTER

FO: Registration Section Division of Corporations			
SUBJECT: WRAPBOTICS, IN	C.		
		nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpor 'Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to transa	lood Standin	g" and check are submitte	
Please return all correspondence concerning the ROGER PHILLIPS	nis matter to	the following:	
	Name of Per	son	
WRAPBOTICS, INC.			
F	irm/Compar	ny	
1000 BRICKELL AVENUE,	STE. 7	15 PMB 5068	
MIAMI, FL 33141	Address		
Cit	ty/State and	Zip code	,-,
admin@wrapbotics.inc			
E-mail address: (to	be used for	future annual report notific	cation)
For further information concerning this matter	, please call:		
ROGER PHILLIPS	646 ₎	734-2326	
Name of Person	Area Code	734-2326 Daytime Telephone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n ations
Enclosed is a check for the following amount: Please make check payable to: PLORIDA DEPAI \$70.00 Filing Fee \$78.75 Filing Fee Certificate of Sta	RTMENT OI e & 🔲 \$		\$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.

DELAWARE (State or country under the law of which it is incorporated) JANUARY 1, 2021 (Date of incorporation) (Date of duration, if other than perpetual) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7901 4th St N STE 300, ST. PETERSBURG FL 33702 (Principal office street address) (Current mailing address, if different)		3	85-4245545			
(State of country under the law of which it is incorporated) JANUARY 1, 2021 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7901 4th St N STE 300, ST. PETERSBURG FL 33702 (Principal office street address)	or country under the l			85-4245545		
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7901 4th St N STE 300, ST. PETERSBURG FL 33702 (Principal office street address) (Current mailing address, if different)		ition)	(Date of duration, if other than perpetual)			
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(Principal office <u>street</u> address) (Current mailing address, if different)		EE SECTIONS 607.1501 & 607.	1502, F.S., to determine penalty liabilit	ıy)		
(Current mailing address, if different)	1 4th St N S I					
The Control of the Co		(Principal of	ince street address)			
Fig. 2. See the second of the		(Current mail	ling address, if different)			
				202 SEI		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc.	Pogio		a registered agent: (P.O. Box NOT acceptable)			
7001 4th St N STE 200	7001			2021 SEP 29 SECKETARY ALLAHASSER		
ice Address.	duress.	 -	33702	OF ST		
. riolida	 , , ,	(City)	Florida (Zip code)			

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 □ Chairman Name: ______ □ Chairman Name: □Vice Chairman ☐Vice Chairman Address: Address: □ Director □ Director **ROGER PHILLIPS Z**iPresident ☐ President 1000 Brickell Ave. Ste. 715 PMB 5008 Vice President □Vice President Miami FL 33141 □ 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 □ 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 □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □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.

ROGER PHILLIPS

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WRAPBOTICS 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-THIRD DAY OF AUGUST, A.D. 2021.

Authentication: 203611015

Date: 08-23-21

4424694 8300 SR# 20211894698