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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION TRACEAIR TECHNOLOGIES, INC.

Certificate of Status	0
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S. FRANKLIN NOV 2 9 2021

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	ible in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	siness in Florida)	
2.	3.			-
12/04/2015		(FEI number, if applica		
4. (Date November 1st 206.	of incorporation) 21	(Date of duration, if other than	<u> </u>	-
1741 BROADW	AY ST FL 2 REDWOOD CITY CA 94063	Florida, if prior to registration) 02, F.S., to determine penalty liability) al office address)	NOV 24 PH 4:	
	(Current mailin	g address, if different)	7 P	-
Name:	C T Corporation System 1200 South Pine Island Road). Box <u>NOT</u> acceptable)		
Office Address:	Plantation,	33324 , Florida		
	(City)	(Zip code)		
designated in this further agree to c	ent's acceptance: led as registered agent and to accept servi- application, I hereby accept the appointn omply with the provisions of all statutes re familiar with and accept the obligations of	nent as registered agent and agree to clative to the proper and complete p	o act in this cap	acity.
	C T Corporation System	m .		

By: Kaity Toon, 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.

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A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
DMITRY KOROLEV Director:	
2310 ROCK ST, APT 40 MOUNTAIN VIEW, CA 94043 Address:	<u>.</u>
	8
	-n
	2
Additss	7
n en	<u> </u>
B. OFFICERS	5+
President:	<u></u>
Address:	
Vice President:	
Address:	
DMITRY KOROLEV Secretary:	
2310 ROCK ST, APT 40 MOUNTAIN VIEW, CA 94043 Address:	
DMITRY KOROLEV Treasurer:	
2310 ROCK ST. APT 40 MOUNTAIN VIEW, CA 94043 Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	tore
(1Xa24-	
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts st are true and that he or she is aware that false information submitted in a document to the Department of State	ated herein e constitutes
a third degree felony as provided for in s.817.155, F.S.	
Dmitry Korolev, CEO. President (Typed or printed name and capacity of person signing application)	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRACEAIR TECHNOLOGIES, 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-FOURTH DAY OF NOVEMBER, 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 FRANCHISE TAXES HA BEEN PAID TO DATE.

SR# 20213896870

Authentication: 204788833

Date: 11-24-21

5898749 8300

You may verify this certificate online at corp.delaware.gov/authver.shtml