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Office Use Only



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SPRICE ARY OF STATE
FALL AHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corpora					
CHIN	PARAMOUN	T TECHNOLOGIES	S			
SUB	JECT: TAKAMOON	Name of co	rporation -	must include suffix		
Dear	Sir or Madam:					
"Cert	enclosed "Application bificate of Existence," of ereferenced foreign co	r "Certificate of G	lood Stand	ing" and check are s		
Pleas	e return all correspond	ence concerning th	nis matter t	o the following:		
ERIC	NIETERS					
		!	Name of P	erson		
PARA	AMOUNT TECHNOLOG	DIES				
			Firm/Comp	any		
3150	SW 38TH AVE STE 410)				
			Addres	is	· <u>·</u>	
MIAN	MI, FL 33146					
-	·	Ci	tv/State an	d Zip code		202
ENIE	TERS@PAIRSOFT.CO		- -			NO
-	-		be used for	r future annual repor	1 notification)	2
For fi	urther information cond	cerning this matter	r. please ca	н:	음을 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한	2
ERIC	NIETERS	at (786	687-5173	ORIG	PH 1: 07
	Name of Person		Area Code	Daytime Tel	ephone Number	7
	STREET/COURIE Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 32	n utions hassee reet, Suite 810		Registration Division of P.O. Box 6.	Corporations	

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,

Enclosed is a check for the following amount:

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.

Paramount Tech	-			
(Enter name of c	orporation: must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	4,"	
PairSoft Inc.				
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	g business in Florida)	
Deleware 2.	3. 38-3224510			
	y under the law of which it is incorporated)	(FEI number, if applicable)		
1/1/2021	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
12/6/2021 6.				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		ty)	
7 3150 SW 38th A	ve.Suite 410 Miami, FL 33146			
· ·	(Principal office	e street address)		
3150 SW 38th A	ve.Suite 410Miami, FL 33146			
	(Current mailing	address, if different)		
0 M	and a second of the second or second (D.C.)	Day NOT againtable)		
8. ivame and <u>stre</u> t	et address of Florida registered agent: (P.O.	Box NOT acceptable)	20 St Fal	
Name:	Florida Registered Agent LLC	<u> </u>	70 21 20 22 2	
Office Address:	7901 4th St N STE 300			
	St. Petersburg	Florida <u></u>	2021 NOV 22 SECRETARY O	
	(City)	(Zip code)		
9. Registered ag	ent's acceptance:		S1A1	
Having been nan	ied as registered agent and to accept service	of process for the above stated	l corporation as the place	
designated in this further agree to c	application, I hereby accept the appointme comply with the provisions of all statutes rel with and accept the obligations of my posi	ont as registerea agent and agre lative to the proper and complet	e to act in this capacity.	
y	, a 5	3 8		
_	Bill Harve	2		
	(Registered agent's sign	nature)		

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 Name: ERIC NIETERS □Chairman □Chairman Name: _____ 5647 Osbourne Dr. ☐ Vice Chairman Address: □ Vice Chairman Address: Windsor, CO 80550 □ 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 □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 □ Secretary ☐Treasurer □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.

_ ERIC NIETERS

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PARAMOUNT 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 SIXTEENTH DAY OF SEPTEMBER, A.D.

2021.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 204174185

Date: 09-16-21