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T. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT. GUARDIANCE INC.			
3003		of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Concate of Existence," or "Certificate referenced foreign corporation to t	of Good Stand	ling" and check are subi	
Please	return all correspondence concern	ing this matter	to the following:	
Reut H	lackmon			
-		Name of P	erson	 ,
Guardi	ance Inc.			
	 -	Firm/Comp	pany	
200 S I	Federal HYW, Unit 614			
		Addres	55	
Fort La	auderdale, FL 33301			
		City/State an	d Zip code	
Reutha	ck@gmail.com			
	E-mail addres	s: (to be used fo	or future annual report n	otification)
For fur	ther information concerning this n	natter, please ca	ill:	
Reut H	lackmon	917 at (8922403	
	Name of Person	Area Code		none Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 819 Tallahassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please 1	ned is a check for the following ammake check payable to: FLORIDA D .00 Filing Fee \$78.75 Filin Certificate	EPARTMENT of the second	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

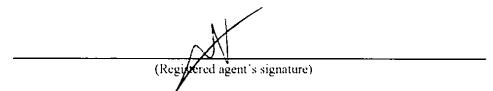
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATI	i,noi
Guardiance Gro	oup Inc.		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transac	cting business in Florida
New York	3	38-4128244	
(State or country under the law of which it is incorporate		(FEI number, if applicable)	
09/17/2019	5		
(Date	of incorporation)	(Date of duration, if oth	er than perpetual)
Will start on Jan	nuary 3rd, 2022		
	W, Unit 614, Fort Lauderdale		
	(Principal offi	ice street address)	
	(Principal offi	ice street address)	. 52
		ng address, if different)	22 JAN
Name and stree		ng address, if different)	ت ا
Name and stree	(Current mailir	ng address, if different)	ω !-
Name:	(Current mailir	ng address, if different)	ت ا
-	(Current mailir et address of Florida registered agent: (P.C Reut Hackmon	ng address, if different)	ω !-

9. 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.

A. DIRECTORS Reut Hackmon Name: Chairman □Chairman Name: ☐ Vice Chairman Address: □ Vice Chairman Address: 200 S Federal HYW, unit 614 □ Director □Director Fort Lauderdale, FL 33301 President □President ☐ Vice President ☐ Vice President □ Secretary ☐'Treasurer ☐ Treasurer □ Secretary □Other _____ □Other _____ □ Other _____ □Other _____ Name: _____ □ Chairman □Chairman □ Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □ President □President ☐ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □ Other _____ Other ____ □Other _____ ☐ Other _____ Name: _____ Name: _____ □Chairman □Chairman □ 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.

(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed i my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of th certificate, the following entity information is reflected:

Entity Name:

GUARDIANCE INC.

DOS ID Number:

5622714

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

09/17/2019

Statement Status:

CURRENT

Statement Due Date:

09/30/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 29, 2021 at 10:30 A.M.

Brandon C Heylan

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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