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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CUBIOS, INC.			
	f corporation - m	ust include suffix	_
Dear Sir or Madam;			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standing	horization to Transact Business in Florida," " and check are submitted to register the a Florida.	
Please return all correspondence concerning	g this matter to th	he following:	
ARTEM DOLUKHANYAN c/o LEONARD O	GRAYVER, ESQ.		
	Name of Perso	on	_
Grayver Law Group			
	Firm/Company	y	_
111 Pier Ave #100			
-	Address		_
Hermosa Beach, CA 90254			
	City/State and Zi	ip code	_
artem@grayverlaw.com: please CC:	leonard@grayv	verlaw.com;	
E-mail address:	(to be used for fu	iture annual report notification)	_
For further information concerning this ma	tter, please call;		
Artem Dolukhanyan	310 3	72-5770	
Name of Person	Area Code	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amout Please make check payable to: FLORIDA DEF \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT OF S Fee & \square \$78	STATE 3.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy	s &

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.

CUBIOS, INC.			_
(Enter name of c	orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	ATED," "COMPANY," "CORPORATION,"	
(15 no ma umusi)	able in Florida, enter alternate composale	name adopted for the purpose of transacting business in Florida)	-
2. DELAWARE		3. EIN: 82-1888043 (FEI number, if applicable)	-
4. JUNE 28, 2021		5. (Date of duration, if other than perpetual)	-
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
б			-
	(SEE SECTIONS 607 1501 &	iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	
7 602 Marquesas	Circle #207, Sarasota, Florida, 34020		_
· · ·		pal office street address)	
1200 Fourth St	PMB 707, Key West, FL 33040		
	(Current	t mailing address, if different)	
8. Name and stre	et address of Florida registered agent	t: (P.O. Box <u>NOT</u> acceptable)	
Name:	Maxim Filin	-	
Office Address:	5602 Marquesas Circle #207		2022 SEC
	Sarasota	, Florida 34240(Zip code)	FIL 2022 JAN 20 SECRETARY
	(City)	(Zip code)	20 20
Having been nan designated in this further agree to o	s application, I hereby accept the ap	ot service of process for the above stated corporation at the oppointment as registered agent and agree to act in this capitutes relative to the proper and complete performance of not my position as registered agent.	Fig. 2 C
	/	Maxiu Filiu	
_	(Registered ag	gent's signature)	
	3		

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]:

Page 2 of 5

A. DIBECTORS	•				
□Chairman	Name: ILYA OSIPOV	□Chairman	Name: MAXIM FILIN		
□Vice Chairman	7271 Great Egret Blvd. Address:	□Vice Chairman	Address:		
Director	Sarasota FL 34241	□Director	Sarasota, Florida 34238		
■ President		□ President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
□Other		Chief Exe	ee. Office	Other	
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman			
□Director		□Director			
□President		□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	
individuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Department	ent of State Annual Re		urposes only. Non-indexed	
12	Signature of Director of	u Filiu			
The officer or directly she is aware that fast, 817,155, F.S.	etor signing this document (and who is listed in number also information submitted in a document to the Depart	er 11 above) affirms th			
13. MAXIM FILI	N, CHIEF EXECUTIVE OFFICER (Typed or printed name and capacity of personal capacity)	on signing annlication			
	t i spea or printed name and capacity or being	on menune approcation	1		

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CUBIOS, 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 THIRTIETH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUBIOS, INC."

WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2021.

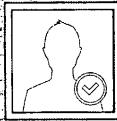
Authentication: 204556493

Date: 10-30-21

Signature Certificate

Document Ref. YAOTR-GMKMX-TXHDT-3BR72

Document signed by:



Maxim Filin

E-mail: max.filin@wowcube.com Signed via link

230 2021201517UIC



Document completed by all parties on 23 Dec 2021 20:15:17 UTC

Page 1 of 1



Signed:with PandaDoc.com

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