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(((H22000058088 3)))



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To:

Division of Corporations

Fax Number : (950)617~6383

From:

Account Name : HARVARD BUSINESS SERVICES, I

Account Number : I20080000045 Phone : (302)645-7400

Fax Number : (302) 645-1280

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

jakob.carmichael@rescalert.com Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

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February 15, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: RESCALERT INC.

REF: W22000018491

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II FAX Aud. #: H22000058088 Letter Number: 422A00003767

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.

(Enter name of c	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATI	ON,"
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transac	ting business in Florida)
2. Delaware		88-0587243	0
	ry under the law of which it is incorporated)	(FEI number, if	applicable)
4. 02/04/2022		5	
	of incorporation)	Date of duration, if other	er than perpetual)
5			
		in Florida, if prior to registration)	
9833 Hollowhrod		1502, F.S., to determine penalty liab	oility)
7	ok Dr., Pensacola, FL 32514 (Principal office	street address)	
PO Box 9 Gonza	· · · ·	saces access)	
10 250, 000		ling address, if different)	2022 FEB 17 SECRE VARI TALL AHASSI
3. Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	FEB 17 CRETAR LAHASS
Name:	Jakob Develyn Carmichael		ASS.
Office Address:	9833 Hollowbrook Dr.		AM 9: 34 OF STATE EE. FLORID
	Pensacola	, Florida 32514	9: 34 STATE LORIDI
	(City)	(Zip code)	> =

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.

(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.

1). For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

`	"				
A. DIRECTORS					
Chairman :	Name:	☐ Chairman	Name:		
□Vice Chairman	Address: 9833 Hollowbrook Dr.	□Vice Chairman			
■ Director	Pensacola, FL 32514	□ Director			
⊠ President		□ President			
□Vice President		□Vice President			
⊠Secretary	⊠ Treasurer	Secretary	□Trcasurer		
CEO CEO		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		□ Pr es ident			
☐ 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. 12. 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.					
13. Jakob Develyn Carmichael, CEO					

(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 "RESCALERT 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2022.

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

WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6595492 8300
SR# 20220493466
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202651078

Date: 02-14-22