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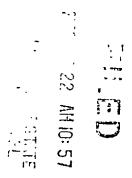
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COVER LETTER

TO:	_	tration Section ion of Corporations			
SUBJ	ECT:	PRAKTIKA, INC.			
5020			corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	ficate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tra	f Good Stan	ding" and check are sub	•
Please	return	all correspondence concerning	g this matter	to the following:	
Anton	Shayakl	nov			
		···	Name of	Person	
Praktik	a, Inc.				
			Firm/Com	pany	
2500 P	arkview	Drive, #301			
			Addro	ess	
Halland	iale Bea	ich, FL 33009			
			City/State a	nd Zip code	
hi@pra	ktika.ap	p			
	_	E-mail address:	(to be used f	or future annual report i	notification)
For fur	ther inf	formation concerning this mat	ter, please c	all:	
Anton S	Shayakh	iov a	305 t (e Daytime Telephone Number	
	Name	e of Person	Area Code	e Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7	
Please r		check for the following amouseck payable to: FLORIDA DEPing Fee	PARTMENT Fee & □	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.

Alla Lychak	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Delaware 2. Delaware (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 2500 Parkview Drive, #301, Hallandale Beach, FL 33009 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Alla Lychak Office Address: Tampa , Florida (City) 7. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to act in the state of	
Delaware (State or country under the law of which it is incorporated) (Date of country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual formula for the perpetual for the perpetual formula for the perpetual for the p	
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual of the country	Tlorida)
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual of the country	
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(Date of incorporation) (Date of duration, if other than perpetuals) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name: Alla Lychak	
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Name: Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	
Name: Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	
Name: Alla Lychak	· · ·
Name: Alla Lychak	**
Name: Alla Lychak	 100 : : :
Office Address: Tampa	
(City) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to act in the service of process.	AH 10: 57
(City) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to act in the service of process.	0
D. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation Hesignated in this application, I hereby accept the appointment as registered agent and agree to act in t	7
Having been named as registered agent and to accept service of process for the above stated corporation lesignated in this application, I hereby accept the appointment as registered agent and agree to act in t	
uriner agree to comply wan the provisions of all statutes relative to the proper and complete performal and I am familiar with and accept the obligations of my position as registered agent.	this capacity.
\mathcal{A}	
(Registered agent's signature)	

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
□Chairman	Name: Anton Shayakhov	□Chairman		ychak 			
□Vice Chaiπnan	Address: 2500 Parkview Drive #301	□ Vice Chairman	Address: 1122	22 Roseate Drive			
Director	Hallandale Beach, FL 33009	☐ Director	Tampa FL 33626				
□President		□lPresident					
□Vice President		☐ Vice President					
□Secretary	□Treasurer	☐ Secretary		Treasurer			
□Other	Other	□Other		■Other CFO			
□Chairman	Name:	Chairman	Name:				
□Vice Chaiπnan	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President	~				
□Vice President		□Vice President					
☐ Secretary	Treasurer	□iSecretary		□Treasurer			
□Other	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	Оtheт	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 of 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. Alla Lychak Treasurer & CFO (Typed or printed name and capacity of person signing application)							

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRAKTIKA, 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 NINETEENTH DAY OF JANUARY, A.D. 2022.

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

6328413 8300

SR# 20220165187

Authentication: 202430653

Date: 01-19-22