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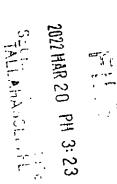
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Hunter Web Services Inc	С.			
Na Na	ame of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate above referenced foreign corporation	icate of Good Stand	ing" and check are sub-		
Please return all correspondence con-	cerning this matter t	o the following:		
Thomas O'Flaherty				
	Name of P	erson		
Early Growth				
	Firm/Comp	any		
282 Martis Place				
	Addres	s		
Mahwah NJ 07430				
	City/State and	d Zip code		
toflaherty@earlygrowth.com				
E-mail ad	dress: (to be used fo	r future annual report n	otification)	
For further information concerning the	his matter, please ca	11:		
Thomas O'Flaherty	201	de Daytime Telephone Number		
Name of Person	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
_	DA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

Hunter Web Sei	rvices Inc.			
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION	1,"	
(If name unavail	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)	
Delware 2	3.	32-0524561		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 03/28/2017	5.	perpetual		
(Date	e of incorporation)	(Date of duration, if other t	than perpetual)	
6. 07/01/2021				
437 T 11 C 1	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)	
7	i50754 Wilmington, DE 19801 (Principal of	fice street address)		
	(Current maili	ng address, if different)	2022 Ir	
8. Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	TALLAHÀNSI	
Name:	Corporation Service Company		PH	
Office Address:	1201 Hays Street		ي چ ا	
	Tallahassee	, Florida 32301	F. 13	
	(City)	(Zip code)		

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.

SEE THE ATTREMED Emnil From CSC
JWd, +h REYES

(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.

A. DIRECTORS François Grante Antoine Finkelstein Chairman Name: Chairman 🗎 Punna RM 705 Fromet Und Mossess ☐Vice Chairman Address: ☐ Vice Chairman Address: Nimman SAI 6 Mendelssohn Platz 3 **f.lDirector** Director Chaing Mai Berlin □ President ☐ President Thailand Germany 10969 □Vice President ☐ Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer CiOther _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: _____ Name: _____ □ Chairman □Vice Chairman Address: ☐Vice Chairman Address: □Director **UDirector** []President President ☐ Vice President ☐ Vice President ☐ Secretary ☐Treasurer □ Secretary ☐Treasurer Other ____ □Other ____ □Other _____ Other ____ Name: □ Chairman □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director President President ______ ☐ 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. 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.

Antoine Finkelstein

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

DELAWARE, DO HEREBY CERTIFY "HUNTER WEB SERVICES, 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 FIFTEENTH DAY OF JANUARY, A.D. 2022.



Authentication: 202408341

Date: 01-15-22