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S. ROBERTS

APR 2 2 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ISTINIA, INC.		
Name of corporati	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	tanding" and check are submitted to register the	
Please return all correspondence concerning this mat	ter to the following:	
Alexandra Baluka		
Name	of Person	
Bessolo & Haworth, LLP		
Firm/C	ompany	
15060 Ventura Blvd. Stc 240		
Ad	ldress	
Sherman Oaks, CA 91403		
	e and Zip code	
sasha.baluka@bhcpagroup.com	,	
	ed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Alexandra Baluka 818	Daytime Telephone Number	
Name of Person Area C	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 amount: Please make check payable to: FLORIDA DEPARTME \$\Begin{array}{l} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	**ENT OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.

Istinia, Inc.			
	orporation; must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATIO	N,"
			The state of the s
	able in Florida, enter alternate corporate name a	• •	ig business in Florida)
2. California		85-3240140	
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
4		perpetual	
(Date	of incorporation)	(Date of duration, if other	than perpetual)
6			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ity)
7. 1524 SW 13 Cour	rt Unit 10, Pompano Beach, FL 33069		
	(Principal offic	e <u>street</u> address)	
15060 Ventura B	lvd. Ste 240, Sherman Oaks, CA 91403		
	(Current mailing	g address, if different)	
			2822 3 10
8. Name and street	et address of Florida registered agent: (P.O	. Box NOT acceptable)	AP T
Name:	Vladislav Pavolotskiy	<u></u>	17
Office Address:	1524 SW Court Unit 10		2 APR 22 PH 3
	Pompano Beach	, Florida	<u>ာ</u> ယု 🛁
	(City)	(Zip code)	· , •
designated in this further agree to c	ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agre lative to the proper and complet	ee to act in this capacity. I_{-}
	(Registered agent's sig	gnature)	

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					
□ Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Pompano Beach, FL 33069	□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		□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	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.



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

ISTINIA, INC.

Entity No.:

4645392

Registration Date: 09/18/2020

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 09, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 000879427