F22000003212

(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



100388152951

2022 HAY 20 AH 9: 41

AM ROYLU AMO FILED

VISION OF CORPORATION TALL AHASSEE, FLORID

RECEIVED

MAY 20 2022 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 697369 8059785

AUTHORIZATION :

COST LIMIT : \$ 76.00

ORDER DATE: May 20, 2022

ORDER TIME : 11:22 AM

ORDER NO. : 697369-010

CUSTOMER NO: 8059785

FOREIGN FILINGS

NAME: PROSTAR TECHNOLOGIES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CT: Prostar Technologies, Inc.			
GODGE		of corporation - m	ust include suffix	
Dear Sir	or Madam:			
"Certific	osed "Application by Foreign Co ate of Existence," or "Certificate ferenced foreign corporation to to	of Good Standing	and check are sub	
Please re	turn all correspondence concerni	ng this matter to t	he following:	
Helen Li				
		Name of Pers	on	
c/o RSE	Ventures LLC			
-		Firm/Compan	y	
423 W. 5	5th Street			
		Address		<u> </u>
New Yo	rk, NY 10019			
		City/State and Z	ip code	
hli@rsev	entures.com			
	E-mail address	: (to be used for f	iture annual report n	otification)
For furth	er information concerning this m	atter, please call:		
Helen Li		at ()	277-7346 Daytime Telepl	
	Name of Person	Area Code	Daytime Telepl	hone Number
1 1 1 2	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee PA15 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please ma	is a check for the following amo ke check payable to: FLORIDA DI D Filing Fee	EPARTMENT OF g Fee & S7	STATE 8.75 Filing Fee & ertified 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.

	orporation: must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATIO	N."	-
(If name unavail:	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)	_
Delaware 2.	3.	88-1984217		
(State or country under the law of which it is incorporated)				_
(Date	of incorporation) (Date first transacted business in F	(Date of duration, if other than perpetual)		_
, c/o RSE Ventures	(SEE SECTIONS 607.1501 & 607.1502 s, LLC - 423 W. 55th Street, New York, NY 1001 (Principal office	9		_
	(Current mailing a	ddress, if different)	2022 HAY 20	
8. Name and stree	et address of Florida registered agent: (P.O. l	Box NOT acceptable)		
Name:	Corporation Service Company			0)1
Office Address:	1201 Hays Street		9:41	
	Tallahassee	, Florida <u>32301</u> (Zip code)		
	(City)	(Zip code)		

and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company By: (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 Matthew Higgins Name: _ □ Chairman □ Chairman Address: 423 W. 55th Street, 11th Floor, New York, NY 10019 Vice Chairman Address: **■** Director □ Director □ President □ President □ Vice President □Vice President □ Secretary ■ Treasurer □ Secretary □ Treasurer ■Other_CEO □Other _____ □Other _____ □Other ____ Corrine Glass □Chairman □Chairman Name: Address: 423 W 55th Street, New York, NY 10019 □ Vice Chairman Address: □Director □ Director □President □ President □ Vice President □ Vice President □Treasurer ■ Secretary ■ Secretary □ Treasurer □Other ____ □ Other Name: _____ □Chairman □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: □ Director □Director President □President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □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. Corrins Glass 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.

Corrine Glass, Secretary

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PROSTAR TECHNOLOGIES, 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 TWENTIETH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROSTAR

TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF

APRIL, A.D. 2022.

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

Authentication: 203482207

Date: 05-20-22