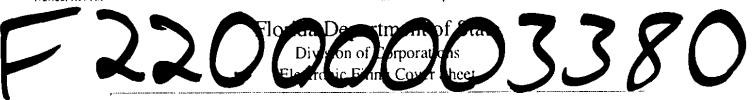
5/27/22, 1:17 PM

Division of Corporations



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TO:	
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

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FOREIGN PROFIT/NONPROFIT CORPORATION CYPFER Inc.

Certificate of Status	0
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Page Count	05
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Help

S. ROBERTS

MAY 2 7 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CYPFER, Inc.	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation ("Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Deborah E. Kalstek, Paralegal	
Name	of Person
Hodgson Russ ŁLP	
Firm/C	Company
140 Pearl St., Ste. 100	
Ad	ddress
Buffalo, NY 14202	
City/Sta	te and Zip code
dtobok@cypfer.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
Deborah E. Kalstek, Paralegal at (848-1371
Name of Person Area C	
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 DEPARTMI \$\Boxed{\text{\$\text{S}}}\$ \$70.00 Filing Fee \$\Boxed{\text{\$\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texit{\$\text{\$\text{\$\tex	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.

f name unavaik	ble in Florida, enter alternate corporate name ado	opted for the purpose of transacting bu	siness in Florida)
Delaware	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ible)
05/12/22	of incorporation) 5		
(Date	of incorporation)	(Date of duration, if other than	perpetual)
221 Brickell Av	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 renue, Suite 900, Miami, FL 33131 (Principal office	, F.S., to determine penalty liability)	,,,
Name and stree	et address of Florida registered agent: (P.O. F	Box NOT acceptable)	202 : 5⊖0 T/
Name:	Daniel Tobok	_ _	0022 HAY 27 SCOLLABA
fice Address:	1221 Brickell Avenue, Suite 900		727
	Miami	, Florida	7 PH
	(City)	(Zip code)	
			ြ ယ က ပ rporation at the plac

^{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:	e, Ste. 900	Address:
Director	Miami, FL 33131	□Director	
President		President	
□Vice President		☐ Vice President	
■ Secretary	■Treasurer	☐ Secretary	☐ Treasurer
□Other	Other	□Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:		Address:
□Director		(CIN)	
□President		Ch(1	
□Vice President		Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□Other
D.Chi.	Nama	□ Chairma n	Name:
Chairman	Name:	 	Address:
	Address:		
□Director		□ Director	
□President			
□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer _
Other	Other	Other	Other
Important Notice: individuals may b	Use an attachment to report more the added to the index when filing you	nan six (6). The attachment will be image ur Florida Department of State Annual Re	ed for reporting purposes only. Non-indexed eport form.
12			
	Sig	nature of Director or Officer	
The officer or dire she is aware that it s,817,155, F.S.	ector signing this document (and wh false information submitted in a doc	o is listed in number 11 above) affirms thument to the Department of State constitu	hat the facts stated herein are true and that he utes a third degree felony as provided for in

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CYPFER, 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 TWENTY-SEVENTH DAY OF MAY, A.D. 2022.

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

WAS INCORPORATED ON THE TWELFTH DAY OF MAY, A.D. 2022.

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

and come delaware source.

Authentication: 203541722

Date: 05-27-22

6792876 8300

SR# 20222418774