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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
Consideration to Filips Officer					
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COVER LETTER

SUBJECT: Peeranha Corp. Dear Sir or Madam:	Name of corporation	on - must include suffix		
	Name of corporation	on - must include suffix		
Door Sir on Madain				
Dear Sir of Madain.				
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporat	rtificate of Good Sta	inding" and check are sub		
Please return all correspondence c	oncerning this matt	er to the following:		
Slava Kreynin				
	Name o	f Person	-	
Peeranha Corp.				
	Firm/Co	mpany		
7309 NW 27th Ave				
	Add	ress		
Boca Raton Florida 33496				
	City/State	and Zip code		
steve.kreynin@fortegrp.com	ŕ	·		
E-mail	address: (to be used	for future annual report r	otification)	
For further information concerning	g this matter, please	call:		
Slava Kreynin	847 at (ode Daytime Telephone Number		
Name of Person	Area Co	de 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		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	IDA DEPARTMEN	T OF STATE ■ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status &	

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.

Peeranha Corp.				
	corporation; must include "INCORPORATED lorp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATE	ON,"	
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)	
Delaware		88-0682322		
2. (State or country under the law of which it is incorporated)		(FEI number, if	(FEI number, if applicable)	
4. 02/14/2022	5.			
(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)	
6. February 15, 20	022			
77309 NW 27th	(SEE SECTIONS 607.1501 & 607.1 Ave, Boca Raton, FL 33495	n Florida, if prior to registration) 502, F.S., to determine penalty liab	pility)	
	(Current maili	ng address, if different)		
8. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C Slava Kreynin). Box NOT acceptable)	27 P	
Office Address:	7309 NW 27th Ave		PM 4: 52 SEESTATE	
	Boca Raton	, Florida	1+1	
	(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.

(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 Slava Kreynin Name: □ Chairman Name: □ Chairman 7309 NW 27th Ave. □Vice Chairman Address: □l Vice Chairman Address: Boca Raton, FL 33496 □ Director □ Director □President President □Vice President _ □Vice President ☐Treasurer ☐ Secretary □ Treasurer □Secretary □Other _____ □Other _____ □Other _____ Sergey Ilin Name: _____ □Chairman ☐ Chairman 2707 N Halsted St Address: ______ □Vice Chairman □Vice Chairman Address: Unit 3 □ Director □ Director Chicago, IL 60614 □President □President □ Vice President □ Vice President □ Secretary □Treasurer □Treasurer **■** Secretary □Other _____ ___ □Other _____ □Other ____ □Other _____ Sergey Ilin □Chairman Name: □Chairman Name: 2707 N Halsted St □Vice Chairman Address: □ Vice Chairman Address: Unit 3 □Director □ Director Chicago, IL 60614 □President □ President □ Vice President __ □Vice President [[Treasurer Treasurer □ Secretary ☐ Secretary ☐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 (Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PEERANHA CORP." 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 EIGHTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEERANHA CORP."

WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 203459122

Date: 05-18-22