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COVER LETTER

	ΓO: Registration Section Division of Corporations				
SUBJECT	Robotrader, Inc.				
		of corporation	- must include suffix		
Dear Sir or l	Madam:				
"Certificate	d "Application by Foreign C of Existence," or "Certificate need foreign corporation to	e of Good Stand	ling" and check are sub		
Please return	all correspondence concerr	ing this matter	to the following:		
Wright H. Le	wis				
		Name of F	erson		
Dunlap Benn	ett & Ludwig, PLLC				
		Firm/Comp	рапу		
8300 Boone I	Boulevard, Suite 550				
		Addre	SS		
Vienna, Virg	inia 22182				
		City/State an	d Zip code	,	
corporate@d	bflawyers.com				
	E-mail addres	s: (to be used fo	or future annual report r	notification)	
For further i	nformation concerning this r	natter, please ca	ali:		
Zachary Brac	lley	at (-964-2843		
Nai	ne of Person	Area Code	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		
	a check for the following am check payable to: FLORIDA E iling Fee	DEPARTMENT ing Fee & 📁	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.

Robotteder, Inc	·.		
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	,
	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)
Delaware	3.		
(State or count	ry tinder the law of which it is incorporated)	(FEI number, if applicable)	
May 10, 2022	5.		
. (Date	e of incorporation)	(Date of duration, if other than perpetual)	
		,	
1209 Orange Sre	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 et - Corporation Trust Center, City of Wilmington (Principal office)	2, F.S., to determine penalty liability	
	(Current mailing	address, if different)	
Name and <u>stre</u> Name: Office Address:	et address of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island Road Plantation	2224	2022 JUN 21 AM SALI AM SSEF LITE
	(City)	, Florida(Zip code)	AR 9: 10
	(City)	(Elp code)	= = =
. Registered ag	ent'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.

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

DocuSign Envelope ID: A2572385-31F9-46BF-8372-3E440BC8FC0D A. DIRECTORS Jason Baloul Name: □ Chairman ☐ Chairman Name: 304 Indian Trace □Vice Chairman Address: _ □ Vice Chairman Address: Suite 309 Director □ Director Weston, FL 33326 President President □Vice President _____ □ Vice President ☐ Secretary Treasurer □ Secretary ☐ Treasurer □Other □Other _____ Other _____ □Other Orna Berkowitz □ Chairman □ Chairman Name: 304 Indian Trace □Vice Chairman Address: □Vice Chairman Address: Suite 309 □Director Director Weston, FL 33326 □President President ☐ Vice President ☐ Vice President **■**Secretary □Treasurer []Secretary ☐'Treasurer I∃Other__ □Other _____ □Other _____ i⊟Other □ Chairman Name: □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □Directo: []Director □President □ President □Vice President _____ □Vice President LlTreasurer | ☐ Secretary ☐ 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 Think I or ida Department of State Annual Report form.

Jacon Baloul
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.

13. Jason Baloul, President



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

DELAWARE, DO HEREBY CERTIFY "ROBOTRADER, 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 FOURTEENTH DAY OF MAY, A.D. 2022.

at corp delaware gov/aut

Authentication: 203432304

Jeffray W. Butlock, Secretary of State

Date: 05-14-22