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CORPORATE ACCESS, _

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	CERTIFIED COPY			
XX	РНОТОСОРУ			
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XX	FILING	FOR	REIGN INC	
(0	CHRP TECHNOLOG CORPORATE NAME AND DO	GIES, INC. DOCUMENT #)		
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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	CHRP Technologies, Inc.			
Sebucer.		of corporation - n	nust include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Standin	g" and check are sub	
Please return	all correspondence concern	ing this matter to	the following:	
Mark Ingram				
		Name of Per	son	
Corridor Legal	l			
		Firm/Compar	ny	
7777 Wickhan	n Road, Ste. 12 #417			
		Address		
Melbourne, FL	. 32940			
		City/State and 2	Zip code	
mingram@cor				
	E-mail address	s: (to be used for I	future annual report r	notification)
For further in	formation concerning this n	natter, please call:		
Mark Ingram		at (321	252-9274	
Nam	e 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			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amoved payable to: FLORIDA DI ng Fee	EPARTMENT OF g Fee & 1 \$7	STATE 8.75 Filing Fee & ertified Copy	 \$87.50 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.

I. CHRP Techno		
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp,")	ED," "COMPANY," "CORPORATION,"
	1	
(If name unam	lable in Clasida autocalusado as contra	dental Control
	liable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
2. Delaware	A section of the least of the l	3
July 18, 2022		• •
4.	e of incorporation)	5. (Date of duration, if other than perpetual)
(17a)	e of meorporation)	(Date of duration, it other than perpetual)
6	(Date first transacted busine	ess in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 60	07.1502, F.S., to determine penalty liability)
7. 570 Hayman Ct	. Debary, FL 32713	
	(Principal	office street address)
	(Current m	ailing address, if different)
O M		(BO B. NOT III)
8. Name and stre	et address of Florida registered agent: ((P.O. Box NOT acceptable)
Name:	Micah Kalisch	
Office Address:	570 Hayman Ct.	
	Debary:	
	(City)	Florida 32713 (Zip code)
O Danietana J		· ·
	ent's acceptance: ned as registered agent and to accept so	ervice of process for the above stated corporation at the place
designated in thi	s application, I hereby accept the appoin	intment as registered agent and agree to act in this capacity. I
further agree to and I am familia	comply with the provisions of all statut r with and accept the obligations of my	es relative to the proper and complete performance of my dution we position as registered agent.
_	Micah Kalisch Derug sprae to taluh salah Salah Kalisch Britan salah Salah Kalisch Britan Salah S	
	(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 Micah Kalisch Name: □Chairman □ Chairman Name: _____ 570 Hayman Ct. □ Vice Chairman ☐ Vice Chairman Address: Debary, FL 32713 Director □ Director □President President □Vice President □Vice President ____ □ Secretary □Treasurer □ Secretary □Treasurer EO ■Other □Other Other _____ Other _____ □ Chairman □ Chairman Name: Name: _____ □Vice Chairman Address: _____ Address: □Vice Chairman Director □ Director ☐ President □President □Vice President _____ ☐ Vice President ☐ Secretary □Treasurer □Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ ☐ Chairman □ Chairman Name: 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. 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.

Micah Kalisch, CEO



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

DELAWARE, DO HEREBY CERTIFY "CHRP 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 JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHRP

TECHNOLOGIES, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY,

A.D. 2022.

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

eat coro delaware gov/auti

Authentication: 203961824

Date: 07-20-22

6918178 8300 SR# 20223036589