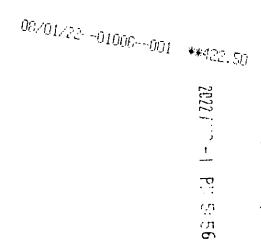
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PICK-UP WAIT MAIL						
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S. FRANKLIN AUG - 6 2022

COVER LETTER

~	ion of Corporations					
SUBJECT:	TESTUP, INC					
		of corporation	- must	include suffix		
Dear Sir or M	adam:					
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Stanc	ling" a	nd check are subr		
Please return	all correspondence concern	ing this matter	to the 1	ollowing:		
LESTER E. RI	IORDAN III					~3
		Name of F	erson			15.5
LAW OFFICE	S OF LESTER E. RIORDAN	Ш				22 1 P S 56
· · · · · · · · · · · · · · · · · · ·		Firm/Comp	oany		-	
12 POND LAN	NE, SUITE EB-1N					ت.
		Addre	ss			
CONCORD, M	AASSACHUSETTS 01742					נת מי
		City/State an	d Zip c	ode		
LES@LESRIC	ORDANLAW.COM					
	E-mail address	s: (to be used fo	r futur	e annual report no	otification)	
For further int	formation concerning this n	natter, please ca	ıll:			
LESTER E. RI	ORDAN III	978 at (341	- 0404 Daytime Teleph		
Name	e of Person	Area Code		Daytime Teleph	one Number	
STRI Regis Divisi The C 2415 Tallah			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check for the following amorek payable to: FLORIDA Ding Fee	EPARTMENT g Fee & □	\$78.75	VTE 5 Filing Fee & ied Copy	■ \$87.50 Filing I Certificate of S Certified Copy	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.

TESTUP, INC				
	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busin	ess in Florida)	
2. DELAWARE	3.			
(State or countr	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. JULY 13, 2022	5.			
	of incorporation)	(Date of duration, if other than pe	rpetual)	
6. JULY 25, 2022				
7. 2385 NW EXE	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 CUTIVE CENTER DRIVE, SUITE 100, BOCA	RATON, FL 33431		
	street address)	2022 1		
	(Current mailing a	nddress, if different)	.;	
8. Name and stree Name:	et address of Florida registered agent: (P.O. l ALEXANDER KESLER	Box NOT acceptable)	् 	
Office Address:	2385 NW EXECUTIVE CENTER DRIVE	_	(. (
	BOCA RATON	, Florida 33431		
	(City)	(Zip code)		

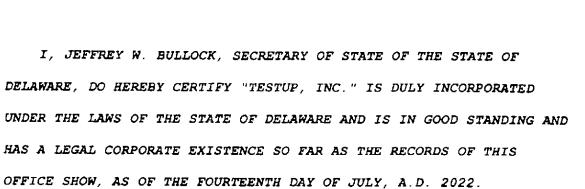
9. Registered agent's acceptance:

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 Name: ALEXANDER KESLER ALEXANDER KESLER □Chairman □ Chairman 7558 MARTINIQUE BLVD 7558 MARTINIQUE BLVD ☐ Vice Chairman Address □ Vice Chairman Address: BOCA RATON, FL 33433 BOCA RATON, FL 33433 □Director ■Director ■President □President ☐Vice President ☐ Vice President □Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other Other □Other □Chairman Name: □Chairman Name: ☐ Vice Chairman Address: ____ □Director □Directo: □President □President □Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other ____ □Other □Other _____ □Other _____ Name: Name. _____ □Chairman □Clairman □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. ALEXANDER KESLER, PRESIDENT



Delaware

The First State

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Date: 07-14-22