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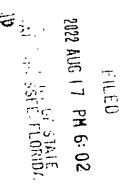
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August 15, 2022

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: VESTED, INC

To whom it may concern:

The Enclosed Application by Foreign Corporation and Fee(s) are submitted for filing along. Also, please find enclosed a check for state filing fees and a certified copy in the amount of \$78.75 made payable to the FL Dept of State. Please contact me for information needed in regards to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Sr. Document Analyst CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



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.

VESTED, INC			
	orporation; must include "INCORPORATED," " огр," "Inc," "Co," or "Corp.")	COMPANY." "CORPORATIO)N,"
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transact	ing business in Florida)
Delaware	2		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	applicable)
06/11/2019	5		
(Date	of incorporation) 5	(Date of duration, if other	r than perpetual)
· <u></u>	<u> </u>		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liabi	ility)
95 Merrick Way,	3rd Floor, Coral Gables, FL 33134		
·	(Principal office	street address)	
	(Current mailing a	ddress, if different)	
Name and <u>stree</u> Name: office Address:	et address of Florida registered agent: (P.O. F. Registered Agents Inc. 7901 4th St. N., Ste. 300	Box <u>NOT</u> acceptable) —	
	St. Petersburg	Florida 33702	
	(City)	, Florida 33702 (Zip code)	
laving been nam esignated in this urther agree to c	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relatives and accept the obligations of my positives. [Registered agent's signal.]	it as registered agent and ag tive to the proper and compl on as registered agent.	ree to act in this capacity ete performance of my d
~			17 PH
e Department of	certificate of existence duly authenticated, no State, by the Secretary of State or other office 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]:

under the law of which it is incorporated.

A. DIRECTORS					
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address: 95 Merrick Way, Third Floor	□Vice Chairman	Address: 95 Merrick Way, Third Floor		
Director	Coral Gables, FL 33134	Director	Coral Gables, FL 33134		
President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	□ Secretary	■ Treasurer		
□Other	Other	□Other	□Other		
□Chairman □Vice Chairman	Name: Peter Ostrovski Name: 95 Merrick Way, Third Floor	□Chairman □Vice Chairman	Name:95 Merrick Way, Third Floor		
□Director	Coral Gables, FL 33134	■ Director	Coral Gables, FL 33134		
□President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	□Secretary	□Treasurer		
Other Co-Assistant	Secretary Dther	□Other	Other		
Director	Name: Tom Hennessey 95 Merrick Way, Third Floor Address: Coral Gables, FL 33134	□Director	Name:		
□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. 12. Peter Ostrovski 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					

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 o 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.

, Peter Ostrovski

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VESTED, 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 TENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VESTED, INC" WAS INCORPORATED ON THE ELEVENTH DAY OF JUNE, A.D. 2019.

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

Authentication: 204133816

Date: 08-10-22