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S. FRANKLIN SFP 1 3 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ThreatKey Inc			
	Name of corporatio	n - must include suffix	
Dear Sir or Madam:			
	rtificate of Good Sta	Authorization to Transact Business in nding and check are submitted to regiess in Florida.	
Please return all correspondence of	concerning this matte	er to the following:	
Ivanna Simone			
	Name of	Person	
Premier Tax & Consulting			
	Firm/Cor	npany	
249 Peekskill Hollow Road			202
	Add	ress	(2
Putnam Valley NY 10579			2027 85.11-
	City/State	and Zip code	
isimone@premiertaxus.com			<u> </u>
E-mail	address: (to be used	for future annual report notification)	
For further information concerning	g this matter, please	call:	9
Ivanna Simone	at (³⁴⁷) 866-9150 de Daytime Telephone Number	
Name of Person	Area Coo	de Daytime Telephone Number	
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	2	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
•	RIDA DEPARTMEN	■ \$78.75 Filing Fee & □ \$87.50 Certified Copy Certified	Filing Fee. cate of Status & ed 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.

ThreatKey Inc			
	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	
ThreatKey FL Is	ne		
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	siness in Florida)
2. DE	3.		
(State or counti	3	(FEI number, if application	able)
4. 10/08/2020	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liability)	
228 Park Ave S. I	PMB 52129, New York NY 10003-1502		
/·	(Principal office	street address)	
	(Current mailing a	address, if different)	
			1022
8. Name and stre	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	1012 S. P
Name:	Registered Agents Inc.	_	0
Office Address:	7901 4th St N STE 300	<u> </u>	P
	St. Petersburg	. Florida <u>33702</u>	!
	(City)	(Zip code)	Œ

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 Agents Inc.
Bill Havre - Assistant Secretary

(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 Jonathan Hass Carlos Beltran □ Chairman □Chairman Name: 3170 Lake Breeze Cir 120 Kenbrook Way, Apt 308 □ Vice Chairman Address: □ Vice Chairman Address: Saint Cloud FL 34771 Davenport FL 33896 □ Director □ Director □ President President □Vice President □Vice President ☐ Treasurer ☐ Treasurer ☐ Secretary □ Secretary □ Other _____ □Other _____ Other □Other _____ Name: _____ □ Chairman □Chairman Name: ___ __ __ __ __ ___ □ Vice Chairman Address: □Vice Chairman Address: □ Director □Director □ President □President □Vice President □Vice President ____ ☐ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ ☐Other _____ □Other _ □Other _____ Chairman □ Chairman Name: ____ Name: _____ □Vice Chairman Address: _____ □ Vice Chairman Address: _____ □Director □ Director □President □President □Vice President ___ □Vice President □Treasurer □ 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 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. Jonathan Hass, President





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

DELAWARE, DO HEREBY CERTIFY "THREATKEY, 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 FIFTEENTH DAY OF AUGUST, A.D. 2022.

2677 C. 1-6 PM TO 1



Authentication: 204165257

Date: 08-15-22