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	(Requestor's Name)	
· .	(Address)	
	(Address)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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COVER LETTER

	FO: Registration Section Division of Corporations					
SHRJE	CT: Critical Edge Inc					
CODO	Name	of corporation	- must include suffix			
Dear Sir	or Madam:					
"Certific	osed "Application by Foreign Cate of Existence," or "Certifica ferenced foreign corporation to	te of Good Stanc	ling" and check are subn			
Please re	turn all correspondence concer	ning this matter	to the following:			
Jamie All	sup					
		Name of F	Person			
Critical E	dge Inc.					
		Firm/Comp	pany			
3245 Peac	chtree Parkway Suite D313					
		Addre	SS			
Suwanee,	GA, 30024					
		City/State an	d Zip code			
Jamie@cr	riticaledgetech.com					
	E-mail addre	ss: (to be used fo	or future annual report no	otification)		
For furth	er information concerning this	matter, please ca	all:			
Jamie All	sup	678 at (433-9037	Daytime Telephone Number		
	Name of Person	Area Code	Daytime Teleph	one Number		
; ; ;	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING AT Registration Se Division of Co P.O. Box 6327 Tallahassee, F1	ction rporations		
Please ma	I is a check for the following are ske check payable to: FLORIDA 0 Filing Fee	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified 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.

Critical Edge In-	c		
	orporation; must include "INCORPORATED." orp," "Inc," "Co." or "Corp.")	"COMPANY," "CORPORATION,"	_
Critical Edge			
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida	1)
South Dakota	3 81	81-0935038	
		(FEI number, if applicable)	
1/1/2016	5		
	of incorporation)	(Date of duration, if other than perpetual)	
None Yet			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		_
7Tan 11	te Unit 3 Tallahassee, FL, 32308		
2215 P. 1.	(Principal office	street address)	
3245 Peachtree p	kwy, Suwanee, GA, 30024	22	, 5
	(Current mailing a	address, if different)	Á
8. Name and stre	et address of Florida registered agent: (P.O. I	address, if different) Box NOT acceptable)	٥
Name:	Jay Hill		MIT: NO
Office Address:	2108 Gilliam Lane Unit 3		0.1
	Tallahassee	. Florida ³²³⁰⁸	
	(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 Jamie Allsup Name: Michael Allsup □ Chairman ☐ Chairman 1830 Secetariat Gateway 1830 Secetariat Gateway □ Vice Chairman Address: □ Vice Chairman Address: Suwanee, Georgia, 30024 Suwanee, Georgia, 30024 □ Director □ Director ■ President □President □Vice President □Vice President □Treasurer □ Secretary □ Secretary □ Treasurer CFO ■Other ___ □Other _____ □Other _____ Charlie Parker □ Chairman ☐ Chairman 1102 South Gould □Vice Chairman Address: □ Vice Chairman Address: Harrisburg, Ar. 72432 □ Director □Director ☐ President □President □Vice President _____ ☐ Vice President □Treasurer ■ Secretary □ Treasurer □ Secretary □ Other ____ □Other □Other □Other □ Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □Director □ President □President □ Vice President □ Vice President ☐ Secretary □Treasurer □ Secretary □Treasurer □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.

13. Charlie Parker. Secretary

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Business Corporation

I, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that

Critical Edge Inc

Business ID: DB060591

was authorized to transact business in this state on: January 4, 2016.

I, further certify that **Critical Edge Inc** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, October 18, 2022.

Steve Barnet

10/18/2022 1:15 PM

Verification #: 016008823

Steve Barnett Secretary of State