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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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S. ROBERTS 0CT 2 0 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

CUSTOMER NO: 7144145

REFERENCE : AUTHORIZATION COST LIMIT : \$ 87.50 ORDER DATE: October 13, 2022 ORDER TIME : 1:46 PM ORDER NO. : 025644-005

ACCOUNT NO. : 12000000195

FOREIGN FILINGS

NAME: PRO PLATFORMS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY ____ PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: ____

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Pro Platforms Inc.			
Name of cor	poration - must	include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpora "Certificate of Existence," or "Certificate of Go above referenced foreign corporation to transaction."	ood Standing'' ar	nd check are submi	Business in Florida," tted to register the
Please return all correspondence concerning the	s matter to the f	following:	
Santo J. Leo			
1	ame of Person		
Pro Platforms Inc.			
F	rm/Company		
#1010 3344 Cobb Parkway Ste 200			
	Address		
Ackworth, GA 30101			
City	/State and Zip o	ode	
santo@homepropay.com			
E-mail address: (to	e used for futur	e annual report not	ification)
For further information concerning this matter,	please call:		
Sean Philbin at (2	12 813	-8841 Daytime Telepho	
Name of Person A	rea Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$70.00 Filing Fee \$78.75 Filing Fee Certificate of Sta	& □ \$78.7	ATE 5 Filing Fee & fied 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.

	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")		•	
(If name unavai	lable in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	ng business in Florida)	
Delaware	3			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
10/12/2022	5			
(Date	c of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in	Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liabili	ity)	
#1010 3344 Cob —————	b Parkway Ste 200, Ackworth, GA 30101			
	(Principal office	e <u>street</u> address)		
	(Current mailing	address, if different)	~	
N. I.	. II CELLI II	D NOT III	2022 OCT	
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	00	
Name:	Corporation Service Company	<u></u>	20	
	1201 Hays Street			
titce Address:			: <u></u> :	
ffice Address:	T-U-L	12201		
ffice Address:	Tallahassee (City)	, Florida 32301 (Zip code)	유리 H: 36	

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: Santo J. Leo Blake Carter Name: □ Chairman ☐ Chairman ☐ Vice Chairman □ Vice Chairman Address: ___ Address: #1010 3344 Cobb Parkway Ste 200 #1010 3344 Cobb Parkway Stc 200 Director Director Ackworth, GA 30101 Ackworth, GA 30101 ■ President □President □Vice President ____ □Vice President ☐ Treasurer □Treasurer □ Secretary □ Secretary □Other _____ Other _____ □Other _____ Name: ______ □ Chairman □Chairman Name: □Vice Chairman Address: ____ □Vice Chairman Address: _______ #1010 3344 Cobb Parkway Ste 200 **W**Director □ Director Ackworth, GA 30101 □ 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 ☐Treasurer □ Secretary □Treasurer □ Secretary 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. /s/ Santo J. Leo 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.

Santo J. Leo, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRO PLATFORMS 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 THIRTEENTH DAY OF OCTOBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRO PLATFORMS INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Burllock, Secretary of State

Authentication: 204615726