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S. FRANKLIN

COVER LETTER

•	stration Section				
SUBJECT:	PreIPO Corp.				
		of corporation -	must include suffix		
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign Co f Existence," or "Certificate iced foreign corporation to tr	of Good Stand	ing" and check are sub	ct Business in Florida," omitted to register the	
Please return	all correspondence concerni	ng this matter t	o the following:		
Michael Carne	e y				
		Name of P	erson	70.22	
PrelPO Corp.				7022 (*	
		Firm/Comp	any		
851 S Federal	Highway, Suite 201			2	
		Addres	s		
Boca Raton Fl	. 33432			.	
		City/State and	d Zip code		
admin@preipo	o.com				
	E-mail address	(to be used fo	r future annual report r	notification)	
For further in	formation concerning this m	atter, please ca	II:		
Michael Carne	у	at (7025575		
Nam	e of Person	Area Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT (OF STATE S78.75 Filing Fee &	□ \$87.50 Filing Fee,	
	Certificate o	•	Certified Copy	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.

1. PreIPO Corp.					
(Enter name of c	corporation; must include "INCORPORATE Corp." "Inc." "Co," or "Corp.")	ED," "C	OMPANY," "CORPORATION,"		
,					
(If name unavail	able in Florida, enter alternate corporate nar	ne adop	ted for the purpose of transacting business in Flo	rida)	
Wyoming		3			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
March 9, 2021		5			
(Date of incorporation) 5.		<i>J</i>	(Date of duration, if other than perpetual)		
September 1, 2022					
	ghway, Suite 201, Boca Raton FL 33432 (Principal of	office st	reet address)		
	(Current ma	iling ad	dress, if different)		
Name and stree	et address of Florida registered agent: (I Alexa Majdalawi	P.O. Bo	x <u>NOT</u> acceptable)		
ffice Address:	851 S Federal Highway, Suite 201				
	Boca Raton FL		Florida 33432		
	(City)	(Zip code)			
B	ent's accentance:				

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						
□Chairman	Name:	□Chairman	851 S Federal Highway			
□Vice Chairman	Address:	□Vice Chairman				
□Director	Suite 201	Director	Suite 201			
■ President	Boca Raton FL 33432	President	Boca Raton FL	. 33432		
□Vice President		■Vice President				
□ Secretary	□Treasurer	Secretary		□Treasurer		
□Other	□Other	Other		□Other		
□Chairman □Vice Chairman	Name: Alexa Majdalawi 851 S Federal Highway Address: Suite 201	□Chairman □Vice Chairman	Name:			
□Director		□Director		7.5.5		
□President	Boca Raton FL 33432	☐ President				
□Vice President		□ Vice President				
Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	Other	· • · · · · · · · · · · · · · · · · · ·	□Other	2022	
□Chairman □Vice Chairman	Name:	□Chairman □ Vice Chairman	Name:			
□Director		□Director				
□President		President				
□Vice President		☐ Vice President				
Secretary	□Treasurer	Secretary		□Treasurer		
□Other	Other	□Other		□Other		
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department of Marketon Signature of Marketon (6).	ent of State Annual Re	d for reporting po	urposes only. No	on-indexed	
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 David Grzar	n, CEO					

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming } ss

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

PREIPO CORP

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on March 8, 2021, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2021;000986756.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of October, 2022 at 12:56 PM.



Secretary of State

Austin Stege