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DATE: 11/21/2022

NAME: BUNDLEIQ INC.

TYPE OF FILING: APPLICATION

COST: 70.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE I HOOGE

COVER LETTER

•	tration Section	ions			
SUBJECT:	bundleIQ Inc.				
SUBJECT.		Name of corporati	on - mu:	st include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," o	y Foreign Corporation for "Certificate of Good St poration to transact busi	anding"	and check are subn	Business in Florida," nitted to register the
Please return	all corresponde	ence concerning this mat	ter to the	e following:	
Krisi Stefansk	i				
	• • •	Name o	of Perso	n	
Hutchison PLI	LC				
-		Firm/Co	əmpany		
701 Corporate	Center Drive - S	Suite 250			
, <u>,</u>		Ad	dress		
Raleigh, NC	27607				
		City/State	and Zi	p code	
kstefanski@hi					
	E	-mail address: (to be use	d for fu	ture annual report no	othication)
For further in	formation con	erning this matter, pleas	e call:		
Krisi Stefansk	efanski at (919) 829-4313				
Nan	ne of Person	Area C	ode	Daytime Teleph	one 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		
Enclosed is a Please make c \$70.00 Fi	heck payable to:	ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 8.75 Filing Fee & rtified Copy	S87.50 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.

bundleIQ Inc	c.				
(Enter name	of corporation; must include "INCORPORATED "Corp," "Inc," "Co," or "Corp,")	," "COMPANY," "CORPORATIO	", ИС		
(If name ona	vailable in Florida, enter alternate corporate name	adopted for the purpose of transacti	ing business in Florida)		
Delaware					
2. (State or con	untry under the law of which it is incorporated)	(FEI number, if applicable)			
Anonet 1 20	77.7				
4.	Date of incorporation)	(Date of duration, if other than perpetual)			
Anonet 1 20					
6		in Florida, if prior to registration) 1502, F.S., to determine penalty liabi	lity)		
313 Datura St	t., Suite 200, West Palm Beach, FL 33401				
1	(Principal of	fice street address)			
			2		
	(Current maili	ing address, if different)			
8. Name and s	street address of Florida registered agent: (P.	O. Box NOT acceptable)	PROPERTY OF THE PROPERTY OF TH		
Name	Paracorp Incorporated		APPROVED AND FILED MOV 21 AM 8		
Office Address	155 Office Plaza Drive, 1st Floor		APPROVED AND FILED 22 NOV 21 AM 8: 47		
	Tallahassee	, Florida	- 1		
	(City)	(Zip code)			
Having been in designated in further agree	agent's acceptance: named as registered agent and to accept serv this application, I hereby accept the appoint to comply with the provisions of all statutes iliar with and accept the obligations of my p	tment as registered agent and ago relative to the proper and compl	ree to act in this capacity. I		
	See Attached				
	(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		□Chairman	Name: Gregory Kis				
□Vice Chairman	Address:	□Vice Chairman	Address: 313 Datura St. Suite 200				
Director	West Palm Beach, FL. 33401	Director	West Palm Beach, FL. 33401				
President		□President					
□Vice President		■ Vice President					
Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	Other					
■ Director□ President	Name: Name: 313 Datura St. Suite 200 Address: West Palm Beach, FL. 33401	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary	Name:				
□Other	Other	Other	Other				
□Vice Chairman □Director □President	Name:	□Chairman □Vice Chairman □Director □President □Vice President	Name:				
□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. Jeff Robbius 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. Jeffrey Robbins - President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/15/2022

ENTITY NAME: bundleIQ Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

L'Herrera

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BUNDLEIQ 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 NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUNDLEIQ INC."

WAS INCORPORATED ON THE FIRST DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

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