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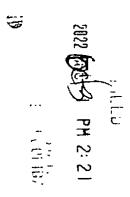
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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DEC - 2 2022

COVER LETTER

	ration Section on of Corpora					
	Rational HS In					
SUBJECT:		Name of corpora	tion - mus	t include suffix	-	
Dear Sir or Ma	ıdam:					
"Certificate of	Existence," o	y Foreign Corporation "Certificate of Good S poration to transact bus	Standing"	and check are subt	t Business in Florida," mitted to register the	
Please return a	ll corresponde	ence concerning this ma	itter to the	following:		
Igor Lemberski	у					
		Name	of Persor	1		
Rational HS Inc	: .					
		Firm/C	Company			
11767 South Di	ixie Highway S	uite 310				
	·	A	ddress			
Pinecrest, FL 32	3156					
	-	City/Sta	te and Zip	code		
juliarazd@gma						
	E	-mail address: (to be us	ed for fut	ure annual report n	otification)	
For further infe	ormation cond	erning this matter, plea	se call:			
Julia Lembersk	Name of Person at (917) 703-4728 Name of Person Area Code Daytime Telephone Number					
Name	of Person	Area	Code	Daytime Teleph	none 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 complease make che \$70.00 Filis	eck payable to:	following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78.	TATE .75 Filing Fee & tified 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.

Rational HS Inc						
	orporation; must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	ED," "COMPAN	iy." "CORPORATIO	N."		
(If name unavails	able in Florida, enter alternate corporate na	me adopted for t	ne purpose of transact	ing business in Florida)		
Delaware 2.		3. 84-2711407	84-2711407			
	y under the law of which it is incorporated)		(FEI number, if a	applicable)		
08/06/2019 4.		5.				
(Date	of incorporation)	(Da	(Date of duration, if other than perpetual)			
6.						
<u> </u>	(Date first transacted busines (SEE SECTIONS 607.1501 & 60'	ss in Florida, if p 7.1502, F.S., to c	rior to registration) letermine penalty liab	ility)		
7 11767 South Dix	ie Highway Suite 310, Pinecrest, FL 33156					
/· <u> </u>	(Principal	office <u>street</u> add	ress)			
	(Current ma	iling address, if	different)			
8. Name and stree	et address of Florida registered agent: (P.O. Box <u>NO</u>	`acceptable)			
Name:	Igor Lemberskiy			* *****		
	11767 South Dixie Highway			2022 OCH 3		
Office Address:	Pinecrest	— , Flori	, Florida			
	(City)		(Zip code)	~ 70 <u>E</u>		
9. Registered ag	ant's accontance					
	ent's acceptance. ied as registered agent and to accept se	ervice of proces	s for the above stat	ed corporation at the place		
designated in this further agree to c	application, I hereby accept the appoint omply with the provisions of all statute with and accept the obligations of my	intment as regi es relative to th	stered agent and ag e proper and comp	ree to act in this capacity.		
	Stanl					
_	(Registered agent	's signature)				

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Logartment 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: Igor Lemberskiy	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director	Apt 310	Director		
■ President	Pinecrest, FL 33156	□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	Other		Other
□Chairman	Julia Lemberskiy Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Il Director	Apt 310	□Director		
President	Pinecrest, FL 33156	□President		
■ Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·
☐Secretary	□Treasurer	□Secretary		□Treasurer
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		□Other
individuals may be	Use an attachment to report more than six (6). The an added to the index when filing your Florida part of Directors.	ment of State Annual Re	eport form.	purposes only. Non-indexed

The officer or director signing this document (and who is fisted 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 Igor Lemberskiy President



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

DELAWARE, DO HEREBY CERTIFY "RATIONAL HS 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 TWENTIETH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RATIONAL HS INC"

WAS INCORPORATED ON THE SIXTH DAY OF AUGUST, A.D. 2019.

Authentication: 204666217

Date: 10-20-22