# F22000007666

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

	stration Section tion of Corporations						
SUBJECT:	PRESTO WIRELESS CO	RP.					
SOBJECT.	Nam	e of corpora	tion - m	ust include suffix			-
Dear Sir or M	ladam:						
"Certificate o	"Application by Foreign of Existence," or "Certificated foreign corporation to	ite of Good S	Standing	" and check are sub			
Please return	all correspondence concer	ming this ma	itter to t	he following:			
	Victoria Martii	ı					
		Name	of Pers	on			-
	Lance J.M. Ste	inhart, P.C.					
		Firm/0	Compan	y		· .	- ~
	1725 Windwar	d Concourse,	Suite 15	0		•	2022 [
		Α	ddress				DEC
Alpharetta, GA 30005					44		
<u></u>		City/Sta	te and Z	ip code			
	info@telecome	ounsel.com				- C	ښ
	E-mail addre	ess: (to be us	ed for fi	iture annual report i	notification)	1 ,	_ _ _
For further in	formation concerning this	matter, plea	se call:				
Victoria Mar	tin	at (	<u>'</u> )_	232-9200			
Nam	e of Person	Area (	Code	Daytime Telep	hone Number	-	
Regis Divis The C 2415	EET/COURIER ADDREST stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	lection orporations 7		
	•	DEPARTME	□ \$7	STATE 8.75 Filing Fee & rtified Copy	\$87.50 Fili Certificate Certified (	of Status	: &

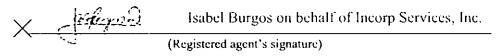
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. PRESTO WIRE	ELESS CORP.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting bus	siness in Florida)
2. New York	3.	88-4180775	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applical	ble)
4, 10/12/2022	5.		
(Date	of incorporation)	(Date of duration, if other than p	perpetual)
6.			
	(Date first transacted business in		
	(SEE SECTIONS 607.1301 & 607.13	02, F.S., to determine penalty liability)	
7. <u>1657 49th Stree</u>	t, Brooklyn, NY 11204		
	(Principal offic	ce street address)	<b>5.3</b>
1657 49th Stree	t, Brooklyn, NY 11204		
	(Current mailin	g address, if different)	2022 DEC
8. Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	
Name:	Incorp Services, Inc.		β
	17000 / 7sk (** N)	·	φ <u>ξ</u>
Office Address:	17888 67th Court North		图 量
	Loxahatchee	, Florida <u>33470</u>	
	(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.



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.

FL SOS Corp

#### A. DIRECTORS Name: Alfred West Name: Chairman Chairman Vice Chairman Address: 1657 49th Street Address: Vice Chairman Brooklyn, NY 11204 Director President President Vice President Vice President Treasurer Treasurer Becretary Secretary Other ☐ Other Other \_\_\_\_\_ Other Name: Name: Chairman Chairman Address: Vice Chairman Address: Vice Chairman Director Director President President Vice President Vice President Secretary Treasurer Treasurer Secretary Other \_\_\_\_\_ Other Other \_ □ Chairman Chairman Name: Name: \_ Address: □Vice Chairman ☐ Vice Chairman Address: Director Director □President □ President □Vice President ☐ Vice President ☐Sccretary ☐ 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. 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.

(Typed or printed name and capacity of person signing application)

13. Alfred West, CEO

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

PRESTO WIRELESS CORP.

DOS ID Number:

6613728

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

10/12/2022

Statement Status:

CURRENT

Statement Due Date:

10/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 14, 2022 at 10:19 A.M.

Brandon C Heyles

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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