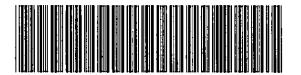
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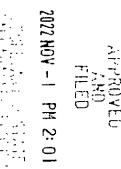
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PICK-UP	☐ WAIT	MAIL
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Herman I Kraus (D 2002)
Rose Kraus (D 1969)
Mitchell H Kraus
R. Hunter Cushing*
Paul Christ
*4 member of District of Columbia Bar Only

33-01 VERNON BOULEVARD LONG ISLAND CITY, N.Y. 11106 TELEPHONE (718) 274-5000 FACSIMILE (718) 274-5001

October 28, 2022

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Registration for Foreign Corporation to Conduct Business in Florida

To Whom It May Concern:

Please find and accept the request and application to register New York corporation, Kraus Hi-Tech Home Automation Inc., a foreign profit corporation, to transact business in Florida. Enclosed please find:

- 1.) Cover Letter:
- 2.) Application by Foreign Corporation for Authorization to Transact Business in Florida;
- 3.) Original Certified Certificate of Status from the New York Dept' of State;
- 4.) Original Certified Certificate of Incorporation and Biennial Statement from the New York Dept' of State: and
- 5.) A check in the amount of \$87.50 Filing Fee, Certificate of Status & Certified Copy.

I appreciate your attention to this matter. Please contact me if you have any questions or concerns. Thank you.

Paul Cultier

Sincere

718-274-5000 ext 160

COVER LETTER

TO:	CO: Registration Section Division of Corporations					
SUBJI	CT: Kraus Hi-Tech Home Autor	nation Inc.				
COBG		of corporation - n	nust include suffix			
Dear Si	r or Madam:					
"Certifi	closed "Application by Foreign C cate of Existence," or "Certificate eferenced foreign corporation to	e of Good Standin	g" and check are submi			
Please 1	eturn all correspondence concerr	ning this matter to	the following:			
Paul Ch	rist					
	· · · · · · · · · · · · · · · · · · ·	Name of Per	son			
Kraus &	č Kraus					
	· · · · · · · · · · · · · · · · · · ·	Firm/Compar	ıy			
33-01 V	ernon Boulevard					
		Address				
Long Is	land City, New York 11106					
		City/State and	Zip code			
dm@Ki	rausHi-Tech.com					
	E-mail addres	ss: (to be used for	future annual report not	ification)		
For furt	her information concerning this i	natter, please call:				
Paul Ch	rist	718 274-5000 ext 160				
	Name of Person	Area Code	Daytime Telepho	ne Number		
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassec, FL	tion porations		
Please n	ed is a check for the following amnake check payable to: FLORIDA D 00 Filing Fee S78.75 Filin Certificate	DEPARTMENT OF STREET OF STREET		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.

corporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATIO	N."	
able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)	
3	EIN: 16-1765071		
ry under the law of which it is incorporated)	(FEI number, if a	pplicable)	
of incorporation)	(Date of duration, if other than perpetual)		
(SEE SECTIONS 607.1501 & 607.15		lity)	
Miami Beach, Florida 33141			
	ce <u>street</u> address)		
ale Beach Blvd., Suite 15 - 946, Hallandale, FL	. 33009-4478		
(Current mailin	ig address, if different)		
et address of Florida registered agent: (P.C David Mills	D. Box <u>NOT</u> acceptable)	2022 NOV —	
1776 Bay Drive			
Miami Beach	Florida	PM 2:	
(City)	(Zip code)	74 0	
application, I hereby accept the appointnounce omply with the provisions of all statutes re-	nent as registered agent and agr elative to the proper and comple	ree to act in this capacity	
	able in Florida, enter alternate corporate name 3. y under the law of which it is incorporated) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 Miami Beach, Florida 33141 (Principal officate Beach Blvd., Suite 15 - 946, Hallandale, Fl. (Current mailing) et address of Florida registered agent: (P.C. David Mills) 1776 Bay Drive Miami Beach (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointmental omply with the provisions of all statutes responses.	able in Florida, enter alternate corporate name adopted for the purpose of transaction and the law of which it is incorporated) [FEI number, if a street incorporation] [Oute of duration, if other continuous	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS	•			
□Chairman	David Mills Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Miami Beach, Florida 33141	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurei	□Secretary		□Treasurer
□Other	Other	□Other		Other
	Stephen Kraus			
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Miami Beach. Florida 33141	Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
□ Chairman	Name:	□Chairman	Name:	
	Address:	□Vice Chairman		
Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		□Other
	Use an attachment to report more than (1x, 16). The attach added to the index when filing your Florida Department			rposes only. Non-indexed
12.	Signature of Director or	COS.	·	
The officer or direction is aware that fals.817.155, F.S.	signature of Director of Signature	11 above) affirms th	at the facts stated	herein are true and that he or
13.	(Typed or printed name and capacity of perso	n signing application		

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: KRAUS HI-TECH HOME AUTOMATION INC.

DOS ID Number: 3358358

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 05/05/2006

Statement Status: CURRENT Statement Due Date: 05/31/2022

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 October 26, 2022 at 12:26 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hylan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002399845 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov