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S. ROBERTS

JAN 1 7 2023

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Mintify Inc.			
<u></u>	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,"	by Foreign Corporation for "Certificate of Good Star orporation to transact busine	nding" and check are sub-	
Please return all correspon	dence concerning this matte	r to the following:	
Stanisław Komorowski			
	Name of	Person	
Komorowski PLLC			
	Firm/Cor	npany	
3221 Old Bridgeport Way			
	Addı	ress	
San Diego, California 92111			
	City/State :	and Zip code	
skomorowski@komorowskil			
	E-mail address: (to be used	for future annual report n	notification)
For further information co	ncerning this matter, please	call:	
Stanisław Komorowski	917 at (319-9791	
Name of Person	Area Coo		hone Number
STREET/COUR! Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810	MAILING A Registration S Division of Co P.O. Box 6321 Tallahassee, F	ection orporations 7
); FLORIDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & Certified 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.

	corporation; must include "INCORPORATED," [Corp.," "Inc.," "Co," or "Corp.,")	"COMPANY," "CORPORATION."			
13				171 . 1 .	
	lable in Florida, enter alternate corporate name ad			riorida)	
Delaware	3. ×	7-4317911			
(State or coun	3. Stry under the law of which it is incorporated)	(FEI number, if applie		rable)	
January 4, 202					
(Dat	e of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)		
July 18, 2022					
). <u> </u>	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		_		
·		2. F.S., to determine penalty liability)	-	_	
), <u> </u>	(SEE SECTIONS 607.1501 & 607.150 Uniondale.₩¥11556, USA (Principal office	2. F.S., to determine penalty liability)			
405 RXR Plaza,	(SEE SECTIONS 607.1501 & 607.150 Uniondale.₩¥11556, USA (Principal office	2. F.S., to determine penalty liability) street address) address, if different)		2022 DEC 20	
. 405 RXR Plaza, Name and stry Name:	(SEE SECTIONS 607.1501 & 607.150 Uniondale. (Principal office (Current mailing eet address of Florida registered agent: (P.O.	2. F.S., to determine penalty liability) street address) address, if different)		2022 DEC 20 PN	
3. Name and stry	(SEE SECTIONS 607.1501 & 607.150 Uniondale. ✓ 11556, USA (Principal office (Current mailing eet address of Florida registered agent: (P.O. Sunshine Corporate Filings LLC 7901 4th St N STE 300	2. F.S., to determine penalty liability) street address) address, if different)		2022 DEC 20 PH 2: 44	

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.

A. DIRECTORS Name: _____Evangelos Varsamis □Chairman □ Chairman Name: _____ 405 RXR Plaza, Uniondale Address: ☐Vice Chairman ☐ Vice Chairman Address: NY 11556, USA □ Director □ Director President □President □ Vice President □Vice President □Treasurer ■ Secretary □ Treasurer ☐ Secretary □Other _____ □Other _____ □Other _ _ ____ □Other ____ Name: Name: _____ □ Chairman □Chairman □Vice Chairman Address: □Vice Chairman Address: Director □ Director □ President □ President □Vice President _____ □Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □ Other _____ Name: _____ □ Chairman Name: _____ □ Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □ President □ Vice President ______ ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary □Treasurer □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. ______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.

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

DELAWARE, DO HEREBY CERTIFY "MINTIFY 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 FOURTEENTH DAY OF DECEMBER, A.D. 2022.



Authentication: 205088277

Date: 12-14-22