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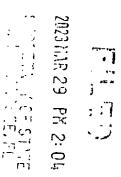
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(220,002,200,000,000,000,000,000,000,000					
(Document Number)					
(Booking Names)					
Certified Copies Certificates of Status					
Certificates of Status					
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ULTISELF CORPORATION		
Name of	corporation -	must include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	f Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.
Please return all correspondence concerning	this matter t	o the following:
Boris Nekritin		202
	Name of P	erson
Ultiself Corporation		\sim \sim \sim
16824 Bridge Crossing Circle	Firm/Comp	any STATE OF
Delray Beach, FL 33446	Addres	s Ot
bmn@comcast.nct	City/State and	d Zip code
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matt	ter, please ca	II:
Boris Nekritin	.561 () 266-3332 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone 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 check for the following amour Please make check payable to: FLORIDA DEP \$70.00 Filing Fee \$78.75 Filing I Certificate of \$100.00 files.	ARTMENT (DF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

I.	ULTISELF COI	RPORATION			
		orporation; must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	Đ,	" "COMPANY," "CÓRPORATION,"	
	(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	
2.	Delaware		3.	84-2910352	
	(State or countr	y under the law of which it is incorporated))	(FEI number, if applicable)	
4.	08/27/2019		5		
•	(Date of incorporation)			(Date of duration, if other than perpetual)	
6,				023	
7.	16823 NEWARK	(SEE SECTIONS 607.1501 & 60 BAY RD, DELRAY BEACH, FL 33446 (Principal	7.1: ot i i	n Florida, if prior to registration) 502, F.S., to determine penalty liability) ice street address)	
8.	Name and stree	(Current ma et address of Florida registered agent: (ng address, if different)	
	Name:	Nina Nekritin			
О	ffice Address:	16824 Bridge Crossing Circle			
		Delray Beach		Florida 33446	
		(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.

Mila Pearities
(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	Name:	□Chairman	Name:					
□Vice Chairman	Address: 16823 NEWARK BAY RD	□Vice Chairman	Address:					
■Director	DELRAY BEACH, FL 33446	□Director						
■ President		□President						
□Vice President		□Vice President						
■ Secretary	■ Treasurer	□Secretary	□Treasurer					
Other CEO	Other	□Other	Other					
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director		□Director						
□President		□President	202 5.7					
□Vice President		□Vice President						
□Secretary	□ Treasurer	☐ Secretary	Treasurer					
□Other		Other	án 🗷 📆					
) 2: 04 7.F.C					
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					
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.

Alex Nekritin, President & CEO

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ULTISELF CORPORATION" 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 SEVENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE.

BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ULTISELF SO CORPORATION" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.

Authentication: 202854666

Date: 03-07-23