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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SYNDICATE INC	D .	
		ust include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporat "Certificate of Existence," or "Certificate of God above referenced foreign corporation to transact	od Standing	" and check are submitted to register the
Please return all correspondence concerning this William Papper	s matter to t	he following:
	ame of Pers	on
SYNDICATE INC.		
	m/Compan	
1049 El Monte Ave Ste	C # 56	50
Mountain View, CA 9404	Address 40	
	State and Z	ip code
taxops+syndicate@kruzec		
E-mail address: (to be	e used for f	uture annual report notification)
For further information concerning this matter, I	please call:	
William Papper at (3	47	8601076
	ea 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 amount: Please make check payable to: FLORIDA DEPART \$\mathbb{Z}\$ \$70.00 Filing Fee \$\mathbb{L}\$ \$578.75 Filing Fee & Certificate of State	& 🗆 \$7	STATE 8.75 Filing Fee &

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.

	ite Protocol Inc.		mi. Patro
D = 1 =	•	dopted for the purpose of transacting business in 39.4179477	riorida)
i	y under the law of which it is incorporated)	38-4172477 (FEI number, if applicable)	
, 01/12/2	021		
	of incorporation)	(Date of duration, if other than perpetua	<u></u>
01/01/20			
, 1049 EU	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) Monte Ave Ste C # 560		10 HAY 19
, <u> </u>		e street address)	<u> </u>
		address, if different)	R 6: 二
3. Name and stree	et address of Florida registered agent: (P.O.	 •	, 1
Name:	Northwest Registered Agent L	<u>LC</u>	
Office Address:	7901 4th St N STE 30	10	
	St. Petersburg	Florida 33702	
	(CI(V)	(Sip code)	
	ent's acceptance:		

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.

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

A. DIRECTORS Chairman Vice Chairman Director	Name: Ian Lee Address: 1049 El Monte Ave Ste C #560	□Chairman □Vice Chairman □Director	Address:				
□President	Mountain View CA 94040	□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	Secretary		□Treasurer			
□Other	Other	□Other		Other			
□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Name: Will Papper Address: 1049 El Monte Ave Ste C # 560 Mountain View, CA 94040	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Address:	□Treasurer			
□Other	Other	□Other		Other			
□Director □President	Name: Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Address:	□Treasurer			
•		•					
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							

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.

13. William Raphael Papper
(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY THAT "SYNDICATE INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTH DAY OF JANUARY,

A.D. 2021, AT 5:06 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIFTEENTH DAY OF JULY, A.D. 2021, AT 4:52 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "SYNDICATE INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 203076868

Date: 04-04-23

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