F23000003607

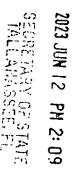
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	ECT:	Clocktask Corporation			
00.20		Name o	f corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	ficate of	"Application by Foreign Configuration or "Certificate code foreign corporation to transfer to the code foreign corporation to the code foreign code fo	of Good Stan	ding" and check are submitt	usiness in Florida," ed to register the
Please	return	all correspondence concernit	ng this matter	to the following:	
Yury C	Getsky				
			Name of	Person	
Clockt	ask Corp	poration			
	·		Firm/Com	pany	
1300 la	ndustria	Blvd. Ste. 212			
			Addre	ess	
Southa	mpton,	PA 18966			
			City/State at	nd Zip code	
clockta	ısk@gm				
		E-mail address:	(to be used f	or future annual report notif	ication)
For fu	ther in	formation concerning this ma	atter, please c	all:	
Yury C	ietsky	ne of Person at (Daytime Telephone Nu			
	Name	e 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	
Please	make ch	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT 3 Fee & [3 \$87.50 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.

Clocktask Corpo	Clocktask Corporation					
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	ON."			
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transact	ting business in Florida)			
PA .	3 9	31696779				
05/24/2023	y under the law of which it is incorporated)					
. (Date	of incorporation)	(Date of duration, if other than perpetual)				
N/A						
1300 INDUSTRI	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ility)			
1300 INDUSTRIA 	(Principal office	street address)				
	ζ	<u></u>				
	(Current mailing	address, if different)				
. Name and stree	t address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)				
Name:	Allen, Dyer, Doppelt, Gilchrist PA	<u> </u>				
Office Address:	255 South Orange Ave. Suite 1401		2023 SE(
	Orlando	. Florida <u>32801</u>	PILE 2023 JUN 12 SECRETARY TALLAHAS			
	(City)	(Zip code)				
lesignated in this urther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes relo with and accept the obligations of my posit	nt as registered agent and ag utive to the proper and comp	red corporation at the place tree to act in this capacity.			
_	(Registered agent's sign	nature)				

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 Yury Getsky Chairman Chairman 1300 Industrial Blvd Address: □Vice Chairman Address: Southampton, PA 18966 □ Director □ Director □President □President □ Vice President _ □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other _______ □Other _____ Other _____ □ Chairman Name: □ Chairman Name: ______ □Vice Chairman Address: □ Vice Chairman Address: _____ □Director □ Director □President □President □ Vice President ☐ Vice President ☐ Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ ☐Other _____ □ Chairman Name: _____ □Chairman Name: _____ □Vice Chairman Address: ______ □ Vice Chairman Address: _____ □ Director □Director □President □President □Vice President ______ □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □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. Yury Getsky, Director

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

CLOCKTASK CORPORATION

Request Type:

Subsistence Certificate

Issuance Date: June 06, 2023

Request No.:

016522520

File No.:

0013446261

Receipt No.:

000550616

Filing Type:

Domestic Business Corporation

Filing Subtype:

Business

Initial Filing Date: May 24, 2023

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

CLOCKTASK CORPORATION

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Acting Secretary of the Commonwealth

Men Sehn

Verify this certificate online at www.file.dos.pa.gov