(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:				

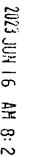
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COVER LETTER

TO:	Registration Section Division of Corporations				
	1	PALO IT, I	NC.		
SUBJ	ECT:				
	Name o	of corporation -	must include suffix		
Dear S	ir or Madam:				
"Certif	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ing" and check are submi		
	return all correspondence concerni Linder, Esq.	ng this matter t	o the following:		
ERNST	T& LINDER LLC	Name of P	erson		
				·· · ·	
30 Wal	Street, 8th Floor	Firm/Comp	any		
New Yo	ork, NY 10005	Addres	S		
linder@	el-law.com	City/State and	d Zip code		
	E-mail address	: (to be used fo	r future annual report not	ification)	
For fu	rther information concerning this m	atter, please ca	II:		
Herve Linder, Esq.		212 at (488-1672		
	Name of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	ted is a check for the following amount of the check payable to: FLORIDA DI 1.00 Filing Fee	EPARTMENT (g Fee &		■ \$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. PALO IT, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) August 1, 2022 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1680 Michigan Avenue, Suite 722, Miami Beach, FL 33139 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Julien ROUSSELET Name: 1680 Michigan Avenue, Suite 722 Office Address: Miami Beach _____, Florida _ (City) 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. (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.

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

A. DIRECTORS	Luka- DOLICCEI ET					
□Chairman	Julien ROUSSELET Name:	□Chairman	Name:			
□ Vice Chairman		□Vice Chairman	Address:			
Director	Miami Beach, FL 33139	□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Other	□Other			
□Chairman □Vice Chairman □Director	Julien ROUSSELET Name:	☐ Chairman ☐ Vice Chairman ☐ Director	Herve Linder Name:			
President		□President				
□Vice President		□Vice President				
□Secretary	Treasurer	Secretary	□Treasurer			
□Other	□Other	□Other	□Other			
□Chairman □Vice Chairman □Director	Julien ROUSSELET Name:	□Chairman □Vice Chairman □Director	Name:Address;			
■ 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 state displayed to the index when individuals may be added to the index when filing your Florida Department of State Annual Report form.						
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. Herve Linder, Corporate Secretary						

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PALO IT, 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 FIFTEENTH DAY OF JUNE, 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 "PALO IT, INC."

WAS INCORPORATED ON THE FIRST DAY OF AUGUST, A.D. 2022.

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

Authentication: 203561462

Date: 06-15-23