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### **COVER LETTER**

	stration Section sion of Corporations					
SUBJECT:	Reticulate Micro, Inc.					
	N	ame of corporatio	n - must i	nclude suffix		
Dear Sir or M	ladam:					
"Certificate o	"Application by Foreig of Existence," or "Certif need foreign corporation	icate of Good Sta	nding an	d check are subm		
Please return	all correspondence con	cerning this matte	er to the fo	ollowing:		
Joshua Cryer						
		Name of	Person			
Reticulate Mi	cro, Inc.					
		Firm/Cor	npany			
3255 Bayside	Lakes Blvd, Suite 106.					
		Add	ress			
Palm Bay, Flo	orida 32909					
		City/State	and Zip c	ode		
info@reticuła						
	E-mail ad	dress: (to be used	for future	annual report no	tification)	
For further in	nformation concerning t	his matter, please	call:			
Joshua Cryer		at (	305-(	) 305-0555  Daytime Telephone Number		
Nan	ne of Person	Area Co	de	Daytime Telepho	one 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		
	_	DA DEPARTMEN	□ \$78.75	ATE Filing Fee & ed Copy	■ \$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.

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under the law of which it is incorporated.

Reticulate Micr	o, Inc.		
	orporation; must include "INCORPORATED," forp." "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATIO	N,"
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)
Nevada	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
06/23/2022	5		
	of incorporation)	(Date of duration, if other than perpetual)	
06/06/2023			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		lity)
, 3255 Bayside La	kes. Blvd, Suite 106, Palm Bay, Florida 32909		
·	(Principal office	street address)	
	(Current mailing	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Joshua Cryer	<del></del> • /	2023
Office Address:	3255 Bayside Lakes Blvd, Suite 106	_	2023 AUG -7 PH 12: 0
	Palm Bay	 , Florida <sup>32909</sup>	
	(City)	(Zip code)	
) Dogistored na	ontin accentance		F 57 75
	ent's acceptance: ned as registered agent and to accept service	of process for the above state	ed cornoration at the place
	application, I hereby accept the appointme		
	omply with the provisions of all statutes rela		ete performance of my duti
ana 1 am jamiliai ~	with and accept the obligations of my positi	tion as registered agent.	
(	(Registered agent's sign	ature)	<del></del>
	`		
10. Attached is a	certificate of existence duly authenticated, no	ot more than 90 days prior to d	lelivery of this application t

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Michael Chermak Chairman Chairman Name: □Chairman Name: \_\_\_\_\_ 3255 Bayside Lakes Blvd ☐ Vice Chairman Address: □Vice Chairman Address: Suite 106 □ Director □Director Palm Bay, Florida, 32909 □ President □President □Vice President □ Vice President ☐ Treasurer ☐ Secretary □ Secretary □ Treasurer □Other \_\_\_\_\_ □ Other □ Other □Other \_\_\_\_ Joshua Cryer □ Chairman □ Chairman Name: 3255 Bayside Lakes Blvd Address: □ Vice Chairman □ Vice Chairman Address: \_\_\_ Suite 106 □Director □ Director Palm Bay, Florida, 32909 President □ President □Vice President TiVice 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 ☐ Secretary □ Secretary ☐ Treasurer ☐ 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. 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.

Joshua Cryer, President and CEO

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence. **Reticulate Micro, Inc.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/23/2022, and is in good standing in this state.

Certificate Number: B202307313843156

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/31/2023.

FRANCISCO V. AGUILAR Secretary of State