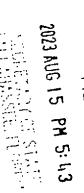
# F23000004768

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<del></del>
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opose, mediacione to 1 ming officer.

Office Use Only



400413414504



RECEIVED

MIG 15 2023 K. Brumbley

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/15/2023	_		⇔WALK IN≃
ENTITY NAME WHER	OBOTS INC.		777244 A.V
LIVING IVINGE			
DOCUMENT NUMBER			
	**PLEASE FILE TH	E ATTACHED AND RETURN**	
xxxxxx	Plain Copy		
	Certified Copy		
<del></del>	Certificate of Status		
**	<b>PLEASE OBTAIN THE P</b> Certified Copy of Arts Certificate of Good Sta		7774**
	**APOSTILLE' / N	OTARIAL CERTIFICATION*	*
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$70		ACCOUNT #: I20	)160000072
		5.83	THO STATE OF THE S
Place and Time at	the above weeken bou	any issues or concerns. Th	•

### **COVER LETTER**

	stration Section sion of Corporations	
SUBJECT:	WHEROBOTS INC.	
ocbsic i.	Name of corporation - mu	ust include suffix
Dear Sir or N	Лаdam:	
"Certificate of	1 "Application by Foreign Corporation for Auth of Existence," or "Certificate of Good Standing need foreign corporation to transact business in	" and check are submitted to register the
Please return	all correspondence concerning this matter to the	ne following:
Brad C		
	Name of Person	on
Harbor	Compliance	
	Firm/Company	,
1830 C	olonial Village Lane	
	Address	
Lancas	ter, PA 17601	
	City/State and Z	ip code
bcalix@	harborcompliance.com	
	E-mail address: (to be used for fu	ture annual report notification)
For further in	nformation concerning this matter, please call:	
Brad C	<sub>at</sub> 717 \ 2	210-5263
Nan	ne of Person Area Code	Daytime Telephone Number
Regi Divis The ( 2415	SEET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 shassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
		STATE  3.75 Filing Fee &   \$87.50 Filing Fee, rtified 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.

•

(Principal office street address)  Scottsdale, AZ 85251  (Current mailing address. if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  7001 4th St NI STE 300	her than perpetual	2023 AUG	
(Date of incorporation) (Date of duration, if other that of the period o	her than perpetual		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability  4250 N Drinkwater BlvdSutie 300  (Principal office street address)  Scottsdale, AZ 85251  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agents Inc  7001 4th St N STE 300			— —
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability  4250 N Drinkwater BlvdSutie 300  (Principal office street address)  Scottsdale, AZ 85251  (Current mailing address. if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  7001 Ath St N STE 300	ability)	2023 AU	_
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability  7. 4250 N Drinkwater BlvdSutie 300  (Principal office street address)  Scottsdale, AZ 85251  (Current mailing address. if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  7.001 Ath. St.N. STE 3.00	ability)	2023 AU	<del></del>
(Principal office street address)  Scottsdale, AZ 85251  (Current mailing address. if different)  3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  7001 4th St N STE 300		2023 AU	<del>-</del>
Scottsdale, AZ 85251  (Current mailing address. if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  7001 4th St N STE 300		2023 AU	_
(Current mailing address. if different)  3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  7001 4th St N STE 300		2023 AU	<del>-</del>
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  7001 4th St N STE 300		2023 AU	
Name: Registered Agents Inc		3 AU	
Name: Registered Agents Inc	77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		<u>}.</u> .
7001 Ath St N STE 300	93	ଓ I S	E P
/901 4th St N S (= 300			
Office Address: 79014th St N STL 300	<u> </u>	P <b>H</b> 5:	ED OVED
St. Petersburg . Florida 33702	<u> </u>	; 43	
(City) (Zip code)	••	w	
). Registered agent's acceptance:			
Having been named as registered agent and to accept service of process for the above stated c		n at th	
lesignated in this application, I hereby accept the appointment as registered agent and agree further agree to comply with the provisions of all statutes relative to the proper and complete,			
and I am familiar with and accept the obligations of my position as registered agent.	piete perjorman	his ca <sub>l</sub>	

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 Mohamed Elsayed □ Chairman Name: \_\_\_\_\_ □ Chairman 4250 N Drinkwater BlvdSutie 300 □Vice Chairman Address: ☐ Vice Chairman Address: Scottsdale, AZ 85251 ☑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 ☐ Secretary ☐Treasurer □ Secretary □Treasurer □Other ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman Name: \_\_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_\_\_ ☐ Vice Chairman Address: □ Director □ Director □ 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. /s/ Mohamed Elsayed

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.

Mohamed Elsayed - President

Page 1



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

DELAWARE, DO HEREBY CERTIFY "WHEROBOTS 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 AUGUST, 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 "WHEROBOTS INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2022.

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

at corp.delaware gov/auti

Authentication: 203965941

Date: 08-15-23