F23000004839

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PICK-UP WAIT MAIL
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COVER LETTER

	on Section of Corporations			
SUBJECT: Prot	teris Compliance Solutions,	Inc.		
ocideer	Name of	corporation -	- must include suffix	
Dear Sir or Madan	n:			
"Certificate of Exi		f Good Stand	authorization to Transact Buing" and check are submitte in Florida.	
Please return all co	orrespondence concerning	this matter	to the following:	
Zachary Pechter				
		Name of P	erson	
Proteris Compliance	Solutions, Inc.			
		Firm/Comp	pany	
100 E Las Olas Blv	d, Unit 1802			
		Addre	SS	
Fort Lauderdale, FL	. 33301			
		City/State an	d Zip code	
zack.pechter@prote				
	E-mail address: (to be used fo	r future annual report notific	cation)
For further inform	ation concerning this mat	ter, please ca	ılı:	
Zachary Pechter	at	561	⁷⁰³⁶¹¹¹	
Name of		Area Code	Daytime Telephone	Number
Registration Division of The Centrol 2415 N. M.	COURIER ADDRESS: on Section of Corporations e of Tallahassee Monroe Street, Suite 810 ee, FL 32303		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n ations
Enclosed is a check please make check p \$70.00 Filing F	ck for the following amous cayable to: FLORIDA DEP Fee	ARTMENT 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.

(If name unavoil	abla in Florida, enter alternate cornorate n	ame adopted for the purpose of transacting business	in Florida)	
	able in Florida, enter alternate corporate in		in Florida)	
Ostate or country under the law of which it is incorporated		3. 92-1583768 (FEI number, if applicable)		
·	•			
(Date of incorporation)		5. N/A (Date of duration, if other than perpetual)		
	of incorporation)	(Date of duration, if other than perpet	iuai)	
N/A	(Date first transacted busine	ess in Florida, if prior to registration)		
		07.1502, F.S., to determine penalty liability)	7 0??	
00 E Las Olas B	lvd, Unit 1802, Fort Lauderdale, FL 3330	1		
.,	(Principal	l office street address)		
N/A			. •	
	(Current m	nailing address, if different)		
Name and stree	et address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)		
Name:	Corporation Service Company			
Y* . 1 I	1201 Hays Street			
fice Address:				
	Tallahassee	, Florida		
	(City)	(Zip code)		

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 Zachary Pechter Alexa Reubens Name: □ Chairman □ Chairman 7700 Greenway Blvd, Unit A2 100 E Las Olas Blvd, Unit 1802 □Vice Chairman Address: _ □Vice Chairman Address: Dallas, TX 75209 Fort Lauderdale, FL 33301 Director Director ■ President □ President □Vice President □ Vice President Treasurer □Treasurer ■ Secretary □ Secretary □Other _____ □ Chairman □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: Director □ Director ☐ President □President □Vice President □Vice President □ Secretary Treasurer □ Secretary ☐Treasurer □Other □Other _____ □Other _____ Name: _____ ☐ Chairman □ Chairman Name: _____ □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President ☐ President □Vice President _____ ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ 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.

13. Zachary Pechter, President

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PROTERIS COMPLIANCE SOLUTIONS, 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 THIRD DAY OF AUGUST, A.D.

2023.

7212158 8300 SR# 20233153886 Authentication: 203891345

Date: 08-03-23