F23000005033

(Requestor's Name)	
	Address)	
`	, 100,033)	
((Address)	
(City/State/Zip/Phone #)	
		_
PICK-UP	WAIT	MAIL
((Business Entity Name)	
	Document Number)	
`	, Doda	
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SECRETARY OF STATE





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 08/2	28/2023	
Name:	Merritt	
Reference #:	2100479	
		SECCURI, INC.
✓ Articles of	Incorporation/Author	orization to Transact Business
Amendme	nt	
Change of	Agent	
Reinstaten	nent	
Conversion	n	
☐ Merger		
☐ Dissolution	n/Withdrawal	
☐ Fictitious N	lame	
✓ Other	CERTIF	IED COPY OF THE FILING EVIDENCE
Authorized Amou	nt: \$78. `	75
Signature:	ши	<i>~</i>

COVER LETTER

TO:	Registration Section Division of Corporati	ons			
SHR	JECT:	:	Seccuri	, Inc.	
БОВ	,	Name of corporation	ı - mus	t include suffix	
Dear :	Sir or Madam:				
"Cert	ificate of Existence." or	Foreign Corporation for "Certificate of Good Star poration to transact busine	nding"	and check are subm	
Please	e return all corresponder	nce concerning this matte	to the	following:	
		James C. A	len, Es	q.	
		Name of	Person		
		Cooley	LLP		
		Firm/Con	ıpany		<u>. </u>
		1333 2nd Stre	et, Ste.	400	
		Addr	ess		
		Santa Mor	ica, CA	\	
		City/State a	ınd Zip	code	
		9040			
	E-	mail address: (to be used	for futu	re annual report not	tification)
For fu	urther information conce	erning this matter, please	call:		
	James C. Allen	at (310)	833.656	69
	Name of Person	Area Cod	<u>-</u> / <u>-</u>	Daytime Telepho	one Number
	STREET/COURIED Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	ons assee et, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please		LORIDA DEPARTMENT	□ \$78.′	ATE 75 Filing Fee & ified Copy	\$87.50 Filing Fee. Certificate of Status &

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 unavailabl	e in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)	-
	Delaware	87-3430793		
(State or country u	inder the law of which it is incorporated)	(FEI number, if appl	icable)	_
	October 6, 2021 5.			
(Date of	incorporation)	(Date of duration, if other the	an perpetual)	_
	(Date first transacted business ir (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 602, F.S., to determine penalty liability)	
	701 Brickell Key Boulevard, Ap			_
	(Principal off)	ce <u>street</u> address)		
Name and street a	(Current mailin	g address, if different) Box NOT acceptable)	2023 AUG 28 SECRETARY TALLAHA	cert
Name:	Cogency Global Inc.		AUG 28 AM I PRETARY OF S ALLAHASSEE	Carlo Carlo
ffice Address:	115 North Calhoun Street, Suite 4		AF OF SEE	C.
	Tallahassee, Florida	Florida	AM II: 54 Y OF STATE ASSEE, FL	-
	(City)	(Zip code)	Lu -	
Registered agent	as registered agent and to accept service oplication, I hereby accept the appointm		to act in this capa	icity.
laving been named esignated in this ap arther agree to con		sition as revistered agent.		
laving been named esignated in this ap arther agree to con	iply with the provisions of all statutes re ith and accept the obligations of my pos	sition as registered agent.		
laving been named esignated in this ap arther agree to con				

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				
Œ Chairman	Nume: Olga Margarita Botero	□ Chairman	Name:	Juanita Isabel Duque
□ Vice Chairman	Address: 701 Brickell Key Blvd.	□ Vice Chairman	Address: _	701 Brickell Key Blvd.
□Director	Apt 1504	■ Director		Apt. 1504
□ President	Miami, FL 33131	■ President		Miami, FL 33131
□ Vice President		□Vice President		_
☐ Secretary	■Treasurer	■Secretary		□Treasurer
□ Other		■Other	0	□ 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
□ Chaiπnan	Name:	□Chairman _		
☐ Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director		□Director		
☐ President		□President		
☐ Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□ Other	Other	□Other		□Other
individuals may be		partment of State Annual Re Uta Dugue		g purposes only. Non-indexed
<u></u> -	Signature of Dir	ector or Officer		
	etor signing this document (and who is listed in a list information submitted in a document to the			
13.	Juan	ita Isabel Duque, Preside	nt and CE	0



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

DELAWARE, DO HEREBY CERTIFY "SECCURI, 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 TWENTY-FIFTH 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 "SECCURI, INC."

WAS INCORPORATED ON THE SIXTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204043003

Date: 08-25-23

6288442 8300 SR# 20233347960