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## **COVER LETTER**

	_	tration Sectio on of Corpor						
SUBJE	CT:	Pivit Inc.						
			Name of	corporation	ı - must	include suffix		
Dear Sir	or M	adam:						
"Certific	ate of	Existence,"	by Foreign Cor or "Certificate corporation to tra	of Good Star	iding" a	ization to Transa and check are sub lorida.	ct Business in mitted to regi	Florida," ister the
Please re	eturn a	ill correspond	lence concernin	g this matte:	r to the	following:		
Aaron O	Conne	11						
				Name of	Person			
Pivit Inc.								
-			<b>-</b>	Firm/Con	ipany	== ++.		
1060 Bri	ckell /	Ave #205						
				Addr	ess			
Miami, F	EL 331	31						
				City/State a	nd Zip	code	**	
aaron.occ	onnell(	@gmail.com						
		j	E-mail address:	(to be used	for futu	re annual report i	notification)	
For furth	ner int	ormation con	cerning this ma	tter, please o	call;			
Aaron O	Conne	11	ä	650				
	Name	of Person		Area Cod	 le	Daytime Telep	hone Number	<del></del>
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					
	ake ch	eck payable to	following amou FLORIDA DE \$78.75 Filing Certificate of	PARTMENT Fee & - [	□ \$78.7	CATE 75 Filing Fee & fied Copy	Certifi	Filing Fee, cate of Status & ed 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.

Pivit Inc.				
(Enter name of c	corporation; must include "INCORPORATED," [orp," "Inc," "Co," or "Corp,"}	"COMPANY," "CORPORATION	".NC	
Zube Inc.				
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transact	ing business in Florida)	
Delaware	re .15.275085.1			
(State or counti	ry under the law of which it is incorporated)	(FEI number, if applicable)		
07/01/2011	5.			
(Date	: of incorporation) 5.	(Date of duration, if other than perpetual)		
•	(Date first transacted business in			
1060 Brickell Av		e <u>street</u> address) (address, if different)		
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Aaron OConnell		2023 \$ 207	
Office Address:	1060 Brickell Ave #205		2023 SEP SEGNATION INCLES	
	Miami	, Florida <u>33131</u>	5 J	
	(City)	(Zip code)		
. Registered ago	ent's acceptance:		PH 1:	
	ed as registered agent and to accept servic	e of process for the above state	· 产图 <b>O</b> ed corporation <b>N</b> at the old	

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.

A. DIRECTORS					
■Chairman	Name: Aaron OConnell	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address.		
Director	Miami, FL 33131	□ Director			
President		□President	<del></del>		
[]Vice President		□Vice President			
☐ Secretary	□Treasurer	□ Secretary		Treasurer	
Other	Other	Other		□Other	
□Chairman	Jennifer Dewalt	□Chairman	Name:		
□Vice Chairman	1060 Brickell Ave #205	□Vice Chairman			
Director	Miami, FL 33131	Director			
□President		□President			
□Vice President		□Vice President			
■Secretary	<b>■</b> Treasurer	☐ Secretary		☐Treasurer	
□Other		□Other	<del></del>	□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	
Important Notice: individuals may be	Use an attachment to report more than six (6). To added to the index when filing your Florida De Signature of Dir	partment of State Annual Re	port form,	purposes only. Non-indexed	

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.

, Aaron OConnell, President & CEO



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

DELAWARE, DO HEREBY CERTIFY "PIVIT 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 SIXTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIVIT INC." WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D. 2011.



Authentication: 203978084

Date: 08-16-23

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