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(Requestor's Name)				
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(City/St	ate/Zip/Phone #)			
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(Busine	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer.				

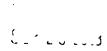
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation	S				
SUBJECT: 3Dmonad Inc					
Sobject.	Name of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by For "Certificate of Existence," or "Cabove referenced foreign corpor	Certificate of Good Stan	ding" and check are sub-			
Please return all correspondence	concerning this matter	to the following:			
Vincent Naurais					
	Name of	Person			
3Dmonad Inc					
·	Firm/Com	pany			
1000 5th Street 200T4					
	Addre	ess			
Miami Beach FL 33139					
100	City/State a	nd Zip code			
vincent@Artmonad.com		-			
E-ma	il address: (to be used f	or future annual report n	otification)		
For further information concern	ing this matter, please c	all:			
Vincent Naurais	at (300-0688			
Name of Person	Area Code	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Son Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ORIDA DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Conv		

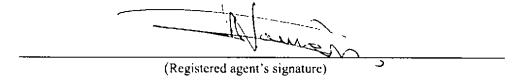
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting b	usiness in Florida	
Delaware	3.	3-1528710		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
04-11-2023	5			
(Date	5	(Date of duration, if other than	(Date of duration, if other than perpetual)	
None				
1000 5th Street s	(SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) . F.S., to determine penalty liability)		
1000 5th Street s		F.S., to determine penalty liability)	2025	
1000 5th Street s	(SEE SECTIONS 607.1501 & 607.1502 uite 200T4 Miami Beach FL 33139 (Principal office	F.S., to determine penalty liability)	2023	
	(SEE SECTIONS 607.1501 & 607.1502 uite 200T4 Miami Beach FL 33139 (Principal office	F.S., to determine penalty liability) street address) ddress, if different)	2025	
Name and stree	(SEE SECTIONS 607.1501 & 607.1502 uite 200T4 Miami Beach FL 33139 (Principal office (Current mailing a	F.S., to determine penalty liability) street address) ddress, if different)	1	
	(SEE SECTIONS 607.1501 & 607.1502 uite 200T4 Miami Beach FL 33139 (Principal office (Current mailing a	F.S., to determine penalty liability) street address) ddress, if different)	;	
Name and street	(SEE SECTIONS 607.1501 & 607.1502 uite 200T4 Miami Beach FL 33139 (Principal office (Current mailing a et address of Florida registered agent: (P.O. E Vincent Naurais	F.S., to determine penalty liability) street address) ddress, if different)	1	

9. Registered agent's acceptance:

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.



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:	□ Chairman	Name:	
□Vice Chairman	Address: 1000 5th Street suite 200T4	□Vice Chairman	Address:	
□Director	Miami Beach FL 33139	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
CEO	□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	Name:	
□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	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep		eport form.	purposes only. Non-indexed
	Signature of Direct	ctor or Officer		
The officer or dire	ctor signing this document (and who is listed in n	imber 11 above) affirms th	at the facts sta	ted herein are true and that he of

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 of 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.

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

DELAWARE, DO HEREBY CERTIFY "3DMONAD 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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3DMONAD INC."

WAS INCORPORATED ON THE ELEVENTH DAY OF APRIL, A.D. 2023.

Authentication: 203893909

Date: 08-03-23