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COVER LETTER

Division of Corporations		
SUBJECT: MAINTAINX INC.		
· N	lame of corporation	- must include suffix
Dear Sir or Madam:		
'Certificate of Existence," or "Certi	ficate of Good Stan	Authorization to Transact Business in Florida ding" and check are submitted to register the
bove referenced foreign corporation	n to transact busines	ss in Florida.
Please return all correspondence cor	ncerning this matter	to the following:
Rochelle Scott		
	Name of	Person
MAINTAINX INC.		
	Firm/Com	pany
382 NE 191st St PMB 98008		
	Addre	ess
Miami, FL 33179-3899		
	City/State a	ad Zip code
ochelle@getmaintainx.com	,	
E-mail a	ddress: (to be used f	or future annual report notification)
For further information concerning	this matter places o	all:
or radice information concerning	mis matter, picase c	au.
Rochelle Scott	514 at (924-3565
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADI	DFCC.	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
The Centre of Tallahassee		P.O. Box 6327
2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810	Tallahassee, FL 32314

□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee &

☐ \$87.50 Filing Fee,

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.

1. MAINTAINX INC				
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting be	siness in Florida)	
Delaware 3		83-2644982		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
11/26/2018 4.	5.			
(Date	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)	
6. 5/18/2021				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 382 NE 191st St I	PMB 98008 Miami, FL 33179-3899			
	(Principal off	ice street address)		
382 NE 191st St	PMB 98008 Miami, FL 33179-3899			
	(Current mailin	ng address, if different)	3.c.3.c	
8. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	•	
Name:	Northwest Registered Agent LLC		ζ. γ	
Office Address:	7901 4th St N STE 300		<u> </u>	
	St. Petersburg	 , Florida 33702	بب 0	
	(City)	(Zip code)	_	

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.

(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.

DocuSign Envelope ID: 7DF966CE-9500-46A5-BD03-27EB862DB0DB

A. DIRECTORS Stefan Cristian Turtica ☐ Chairman □ Chairman Name: _____ 382 NE 191st St PMB 98008 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Miami, FL 33179-3899 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 Name: _____ Name: ☐ Chairman ☐ 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. Stefan Cristian Turtura Cheir Inclus 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.

Stofan Cristian Tunling CCO



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

DELAWARE, DO HEREBY CERTIFY "MAINTAINX 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 EIGHTEENTH DAY OF SEPTEMBER, 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 "MAINTAINX INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 204184643

Date: 09-18-23