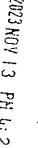
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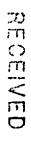
(Re	equestor's Name)	
(Ac	idress)	- .
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		•
	Office Use Onl	ly



100417569651

11/14/23--01001--002 **70.00







CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	· · · · · · · · · · · · · · · · · · ·
ζ.	РНОТОСОРУ	-
	GS	
ί.	FILING	FOREIGN INC
В	LOCKRISK CORP.	
(C	ORPORATE NAME AND D	OCUMENT #)
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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 unavail	able in Florida, enter alternate corporate na	me adopted for (the purpose of transacting	business in Florida)
DELAWARE		3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)
07/05/2022		5.		
(Date	of incorporation)	5. (Date of duration, if other than		an perpetual)
JANUARY 1, 2	023			
800 SE 4TH AVI	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 E SUITE 702, HALLANDALE BEACH, F	7.1502, F.S., to o	orior to registration) determine penalty liability	·)
· · · · · ·		office <u>street</u> add	dress)	
	(Current ma	uling address, if	different)	
	at address of Florida assistant array.	P.O. Box NO	<u>Γ</u> acceptable)	2023
Name and street	C T Corporation System			2023 NOV 1.
Name:				· -
	C T Corporation System	FL FL	33324	

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.

C T Corporation System

By: /s/ Joanne Caswell

Joanne Caswell, Asst. SEc. (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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

DIRECTORS	

■Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 800 SE 4TH AVE SUITE 702	□Vice Chairman	Address: 800 SE 4TH AVE SUITE 702				
■Director	HALLANDALE BEACH, FL 33009	■Director	HALLANDALE BEACH, FL 33009				
■ President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	■ Secretary	■ Treasurer				
□Other	□Other	□Other	□Other				
□Chairman □Vice Chairman ■Director	Name: HILARIO ITRIAGO 800 SE 4TH AVE SUITE 702 Address: HALLANDALE BEACH, FL 33009	□Chairman □Vice Chairman □Director	Name:Address:				
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□ Secretary	□Treasurer				
Other	□Other	□Other	Other				
□Chairman □Vice Chairman □Director	Name:		Name:				
		□Director					
□President □Vice President		□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 indiversity of the index when filing your Florida Department of State Annual Report form. 12. 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. JOHNNY BLATT, PRESIDENT

(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "BLOCKRISK CORP." 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 THIRTEENTH DAY OF NOVEMBER, 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 "BLOCKRISK CORP."

WAS INCORPORATED ON THE FIFTH DAY OF JULY, A.D. 2022.

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

Authentication: 204577979

Date: 11-13-23