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2023 NOV 13 PM 3: 31

COVER LETTER

TO:	CO: Registration Section Division of Corporations						
CHIDT	ECT.	IKYTECH CORPORATI	ON				
Name of corporation - must include suffix							
Dear S	Sir or Madan	n:					
"Certif	ficate of Exi	plication by Foreign Corp stence," or "Certificate of foreign corporation to tran	Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.			
Please	return all co	orrespondence concerning	this matter	to the following:			
Matthe	w Fronzaglia	ı					
			Name of I	Person			
IKYTI	ECH CORPO	RATION					
			Firm/Com	pany			
621 N	W 53rd St #1	25					
			Addre	SS			
Boca F	Raton, FL 334	187					
		(City/State ar	nd Zip code			
accou	unting@ikyte	ch.com					
		E-mail address: (to be used f	or future annual report notification)			
For fu	rther inform	ation concerning this mat	ter, please c	all:			
Matt Fronzaglia		561	570 6288				
	Name of	-	Area Code	Daytime Telephone Number			
	Registration of The Centre 2415 N. N.	COURIER ADDRESS: on Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please		ck for the following amoup payable to: FLORIDA DEFFee	ARTMENT Fee &	OF STATE 3 \$78.75 Filing Fee & Certified Copy Certificate of Status & Certified 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	,	
(If name unavaile	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	; business in Florida)	
Wyoming, USA		3 46-0778883		
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	(FEI number, if applicable)	
8/13/2012	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
N/A				
	(Date first transacted business in			
	(SEE SECTIONS 607.1501 & 607.15	02. F.S., to determine penalty liability	v)	
			• •	
621 NW 53rd St	#125, Boca Raton, FL 33487			
621 NW 53rd St		e <u>street</u> address)		
621 NW 53rd St Same	(Principal office	ce <u>street</u> address)		
 	(Principal office		2023-N	
Same	(Principal offic	re <u>street</u> address) g address, if different)	ZÓZS-NOV SEGNETI TALLA	
Same	(Principal office (Principal office) (Current mailing et address of Florida registered agent: (P.O.)	re <u>street</u> address) g address, if different)	2023-NOV 13 SECKETAR)	
Same	(Principal offic	re <u>street</u> address) g address, if different)	2023-NOV 13 SECRETARY	
Name and street	(Principal office (Principal office) (Current mailing et address of Florida registered agent: (P.O.)	re <u>street</u> address) g address, if different)	2023-NOV 13 SECRETARY	
Name and street	(Principal office (Current mailing the address of Florida registered agent: (P.O.) Matthew Fronzaglia 621 NW 53rd St #125	g address, if different) Box NOT acceptable)	2023-NOV 13 PH 3: 3 SECKETARY OF STATE	
Same Name and street	(Principal office (Current mailing (Current mailing et address of Florida registered agent: (P.O Matthew Fronzaglia 621 NW 53rd St #125	re <u>street</u> address) g address, if different)	2023-NOV 13 SECRETARY	

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 agents)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]:

A. DIRECTORS							
□Chairman Name: Stefano Zorzi		☐ Chairman	Name:				
□Vice Chairman Address: 621 NW 53rd St		□Vice Chairman	Address: 621 NW 53rd St #125				
Director	Suite 125	Director	Suite 125				
■ President Boca Raton, FL		☐ President	Boca Raton, FL				
□Vice President	33487	■Vice President	33487				
□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				
□ 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: 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. 12. Matthew Fronzaglia Signature of Director 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.

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

IKYTECH CORPORATION

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **August 13, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000627330**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of November, 2023 at 10:08 AM. This certificate is assigned ID Number 066661121.



Secretary of State