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COVER LETTER

TO:	Registration S Division of Co					
CIIDI		•	PARKUP CONSU	JLTIN	G PROFESSIONALS	SINC.
SUBJ	EC1:	Na	me of corporation	n - mu	st include suffix	
Dear S	ir or Madam:					
"Certif	icate of Existen	ice," or "Certifi		nding'	' and check are sub-	et Business in Florida," mitted to register the
Please	return all corres	spondence conc	erning this matte	r to th	e following:	
			DOMINICK F	OBER	TI	
			Name o	f Perso	on	
			Firm/Co	mpany	·	
		1300	BRICKELL BA	DR L	NIT 1008	
			Add	ress		
			MIAMI,	FL 331	31	
			City/State	and Z	p code	
			dominickrob	erti648	@gmail.com	
		E-mail add	lress: (to be used	for fu	ture annual report r	notification)
For fu	ther information	n concerning th	is matter, please	call:		
	DOMINICK R	OBERTI	631	6 ر	05-1677	
	Name of Pers	on	Area Co	de	Daytime Telepl	hone Number
	Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please	ed is a check fo make check paya 0.00 Filing Fee	ble to: FLORID	amount: A DEPARTMEN Filing Fee & ate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

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.

PARKUP CONSULTING PROFESSIONALS INC.

•	7. The law of which it is incorporated) 5. Orporation (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		·· ,
04/21/2022	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	PERPETUAL (Date of duration, if other	·· ,
04/21/2022 (Date of inc	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	(Date of duration, if other	er than perpetual)
(Date of inc	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	er than perpetual)
	(SEE SECTIONS 607.1501 & 607.150		
	(SEE SECTIONS 607.1501 & 607.150		
	1300 DBIOWELL BALLES INC.	z, i.o., to determine penany nat	pility)
	1300 BRICKELL BAY DR UNII	1008 MIAMI, FL 33131	
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	<i>o</i> ~
			2023 (SEC:
Name and street add	ess of Florida registered agent: (P.O.	Box NOT acceptable)	DEC DEC
Name: DO	MINICK ROBERTI		15 A F
13	00 BRICKELL BAY DR UNIT 1008		
fice Address:			
MI.	AMI	, Florida	OZ
	(City)	(Zip code)	, , , -

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 DOMINICK ROBERTI ☐ Chairman □ Chairman Name: 1300 BRICKELL BAY DR □Vice Chairman Address: □ Vice Chairman Address: **UNIT 1008** Director ☐ Director MIAMI, FL 33131 President ☐ President ☐ Vice President ☐ Vice President Treasurer ☐ Secretary ☐ 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 _____ 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 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. 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. DOMINICK ROBERTI **PRESIDENT** (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: PARKUP CONSULTING PROFESSIONALS INC.

DOS ID Number: 6463279

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 04/21/2022

Statement Status: CURRENT Statement Due Date: 04/30/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 29, 2023 at 11:15 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hydra

By Brendan C. Hughes Executive Deputy Secretary of State

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