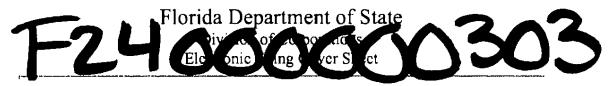
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To

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
CMAII	AUUI ESS:			

FOREIGN PROFIT/NONPROFIT CORPORATION

Agilify Solutions Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Help

JAN 22 2024

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Page: 2 of 4

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.

Agilify Solution	s Inc.				
	orporation, must include "INCORPORATED," " orp," "Inc." "Co.," or "Corp.")	COMPAN	Y," "CORPORATION,"	•	
(If name unavaila	ible in Florida, enter alternate corporate name ado	pted for th	ne purpose of transacting	business in Florida)	
Delaware	3				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
01/12/2024	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in Fl (SEE SECTIONS 607,1501 & 607,1502	orida, if pr	rior to registration))	
Linit I = 1465 Fra	nklin Blvd., Cambridge, ON, Canada NTR 8F1	, 1, 10 4	electronic periody massing	•	
	(Principal office	etreat add	tuos)		
	(i incipal office	streer add	1.55.1	71	
	(Current mailing a	Admin 18.	416Pannar)	2021 JAN	
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	and the second second second (D.O. F	NOT	Same metables		
Name and <u>stree</u>	et address of Florida registered agent: (P.O. I	30X <u>NQ1</u>	_acceptaole /		
Name:	Veorp Agent Services, Inc.			· · · · · · · · · · · · · · · · · · ·	
ffice Address:	1200 South Pine Island Road	_		- - -	
	Plantation	F1.	33324		
	(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.

Vcorp Agent Services, Inc.

By: Miriam Nachison, Asst. Secretary

(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]:

DocuSign Envelope ID: 30C23DFA-8D41-4CB6-8C40-154BCB38F979

A. DIRECTORS							
Chairman	Name Will Berrouard	□ Chairman	Name				
□Vice Chamman	Unit J - 1165 Franklin Blvd. Address	□Vice Chairman	Address				
■ Director	Cambridge, ON, Canada, NTR 8E1	Director					
■President		□President					
□Vice President		□Vice President					
⊡ Secretary	™ Treasurer	[]Secretary	□Treasurer				
□Other	Other	Other	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□Chairman	Name.	□C'hairman	Name				
	Address:	□Vice Chairman					
Director		Director					
□ President		□President					
IVice President		∏Vice Presidem					
☐ Secretary	□Treasurer	□Secretary	□Treasmer				
☐ Other	©Other	Other					
□Chainnao	Name	□Chairman	Name:				
	Name:						
	Address.		Address:				
∃Director		□Director					
⊕President		∐President					
□Vice President		□Vice President					
□Secretary	∃Treasurei	☐ Secretary	The asurer				
☐0ther	Other	Other	□ Other				
Important Notice: individuals may b	Use an attachment to report more than six (6). The attale added to the index when filing your Florida Departm	nchment will be imag ent of State Annual R	ed for reporting purposes only. Non-indexed eport form.				
12 Mt. German I. Signature of Director of Officer							
Signature of Director of 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 \$,817,155, F,S							
Will Berrouard, President							

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

To:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "AGILIFY SOLUTIONS 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 NINETEENTH DAY OF JANUARY, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILIFY SOLUTIONS INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2024.

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

at corp.delaware.gov/aut

Authentication: 202626113

Date: 01-19-24