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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(2.55.00.00)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: WRAPBOTICS	SINC.			
Document# F21000006215 (re-registration) Dear Sir or Madam;	Name of corporati	on - must include suffix		
The enclosed "Application be "Certificate of Existence," of above referenced foreign co	r "Certificate of Good St	anding" and check are sub		
Please return all corresponde	ence concerning this mat	ter to the following:		
ROGER PHILLIPS				
	Name o	of Person		
WRAPBOTICS INC.				
	Firm/Co	ompany		
1000 BRICKELL AVE, STE 71	5, PMB 5068			
	Ado	dress		
MIAMI, FL 33131				
	City/State	and Zip code	······································	
admin@wrapbotics.com				
E	-mail address: (to be use	d for future annual report	notification)	
For further information cone	erning this matter, please	e call:		
ROGER PHILLIPS	904 at (515-2034		
Name of Person	Area Co	ode Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the f Please make check payable to: ▼ \$70.00 Filing Fee		NT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. 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 "INCORPO	RATED," "C	COMPANY," "CORPORATIO)N,"
me., Co., Co	orp," "Inc," "Co," or "Corp.")			
(1.C. S				
	able in Florida, enter alternate corpor			ng business in Florida)
<u>. </u>	DELAWARE 3.		4245545	
(State or country under the law of which it is incorporated)		orated)	(FEI number, if applicable)	
JANUARY 01, 2	021	5.		
(Date of incorporation)		(Date of duration, if other	r than perpetual) Author; 2su	
OCTOBER 01, 2	2021 - Previously Filed	l under s	Document # Follows	006215 KB
··	(Date first transacted b	ousiness in Flo	orida, if prior to registration)	OCCIO PB
			F.S., to determine penalty liabi	lity)
7901 4TH ST N S	TE 300, ST. PETERSBURG, FL 337	02		
·	(Prir	ncipal office <u>s</u>	treet address)	
· · · · · · · · · · · · · · · · · · ·	(Curre	ent mailing ac	ldress, if different)	
3. Name and stree	et address of Florida registered age	ent: (P,O, B	ox NOT acceptable)	20
	Registered Agents Inc		·	73.
Name:			_	37.0
Office Address:	7901 4th St N STE 300			2023 DEC 15
	St, Petersburg			
			Florida	· · · · · · · · · · · · · · · · · · ·
	(City)		(Zip code)	77 7 7

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.

David Coerts
(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.

A. DIRECTORS ☐ Chairman □ Chairman Name: Name: ____ □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director ROGER PHILLIPS □ President □President 1000 Brickell Ave, Ste. 715, PMB 5068 Miami, FL 33131 □ Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary Treasurer □Other _____ Other ____ □Other _ . □Other Name: ______ □Chairman Name: □ Chairman □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 ____ 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.

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WRAPBOTICS 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 THIRTIETH 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 "WRAPBOTICS INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2021.

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





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