F2400000

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only Old of Elph Holle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(,						
Cartified Copies Cartificates of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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JAN 31 2024 K. Brumbley



CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592
Date: 01/31/24
Order #: 1408163-1
Re: Vasar Telperion, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

will de moi

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Vasar Telperion, Inc.				
., 020	2011	Name of	corporation	n - must include suffix		
Dear S	Sir or M	adam:				
"Certif	ficate o		f Good Star	Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.		
Please	return	all correspondence concerning	g this matter	r to the following:		
Corin I	Erby					
			Name of	Person		
Perkins	s Coie 1.	LP				
			Firm/Con	npany		
505 Ho	oward Si	treet Suite 1000				
-			Addr	ress		
San Fr	ancisco.	CA 94105				
		•	City/State a	and Zip code		
cerby@	gperkins	scoie.com				
		E-mail address:	(to be used	for future annual report notification)		
For fur	rther int	formation concerning this ma	tter, please o	call:		
Corin Erby at (415	344-7176			
	Name	e of Person	Area Cod	de Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please 1	ed is a make ch	check for the following amou eck payable to: FLORIDA DEF ng Fee	PARTMENT Fee & - [T OF STATE □ \$78.75 Filing Fee & □ \$87.50 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.

	corporation; must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	O," "COMPANY," "CORPORATION	I."		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	g business in Florida)		
Delaware	3	99-0503706 (FEI number, if applicable)			
(State or count	ry under the law of which it is incorporated)				
December 18, 2	1023				
(Date	e of incorporation)	(Date of duration, if other t	(Date of duration, if other than perpetual)		
		1502, F.S., to determine penalty liabilit	y)		
	(SEE SECTIONS 607.1501 & 607.1501	1502, F.S., to determine penalty liabilit	у)		
15901 Collins A	(SEE SECTIONS 607.1501 & 607.1501	1502, F.S., to determine penalty habilit 50 Tice <u>street</u> address) ing address, if different)			
15901 Collins A	(SEE SECTIONS 607.1501 & 607.1501	1502, F.S., to determine penalty habilit 50 Tice <u>street</u> address) ing address, if different)			
Name and stre	(SEE SECTIONS 607.1501 & 607.1501	1502, F.S., to determine penalty habilit 50 Tice <u>street</u> address) ing address, if different)	2024 JAN 31 PH 6:		
Name and stre	(SEE SECTIONS 607.1501 & 607.1501	1502, F.S., to determine penalty habilit 50 Tice <u>street</u> address) ing address, if different)	2024 JAN 31 PH		

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.

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	Name: Lucas Matias Medal Trinidad	□Chairman	Name: Bernardo Vargas Vite					
□ Vice Chairman	Address:15901 Collins Ave, Apt	□Vice Chairman	Address:					
Director	3201, Sunny Isles Beach. Florida 33160	Director	15901 Collins Ave, Apt 3201, Sunny Isles					
□President		□President	Beach, Florida 33160					
□Vice President		□Vice President						
Secretary	□Treasurer	☐Secretary	□Treasurer					
Other CEO	Other	■Other CFO	Other					
□Chairman	Jonathan David Ray	□Chairman	Name:					
	15901 Collins Ave, Apt 3201,	□Vice Chairman	Address:					
Director	Sunny Isles Beach, Florida 33160	□Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer					
Other CTO		□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 fill be ided to the index when filing your Florida Department of State Annual Report form. [was Malias Mudal Trividad]								
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. Lucas Matias Medal Trinidad, Chief Executive Officer								

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VASAR TELPERION, 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 JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VASAR TELPERION, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 202702878

Date: 01-30-24

2784320 8300 SR# 20240297059