F24000000796

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



600417510296

01/23/24--01022--005 **87.50

2024 JAN 23 AM 9: 47

COVER LETTER

	Registration Section Division of Corporations				
SUBJE	UPLIFY INC.				
SOMI.		corporation -	must include suffix		
Dear Sit	or Madam:				
"Certific	losed "Application by Foreign Corp- cate of Existence," or "Certificate of eferenced foreign corporation to tran	Good Stand	ing" and check are submitte		
Please r	eturn all correspondence concerning	this matter t	o the following:		
YULIA	FROLOVA				
		Name of P	erson		
SUNTA	X CONSULTING, LLC				
		Firm/Comp	any		
2200 NV	V CORPORATE BLVD STE 205				
		Addres	SS		
BOCA F	RATON, FL 33431				
	(City/State and	d Zip code		
yulia.f@	suntaxconsulting.com				
	E-mail address: (to be used fo	r future annual report notifi	cation)	
For furt	her information concerning this matt	er, please ca	11:		
YULIA	FROLOVA	786	270-6854		
	Name of Person	Area Code	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 m	d is a check for the following amountake check payable to: FLORIDA DEP 00 Filing Fee	ARTMENT (Fee & □		\$87.50 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.

	corporation; must include "INCORPORATED," "	COMPANY." "CORPORATION."		
"Inc.," "Co.," "C	Corp." "Inc." "Co." or "Corp.")			
(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in F	lorida)	
DELAWARE		87-1199893		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
5/17/2021				
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
	(15) (2) (4) (4) (1) (1)	unido (finalos en enclatentina)		
	(Date first transacted business in Fl	E.S. to determine penalty liability		
OLO MORTH M	(SEE SECTIONS 607.1501 & 607.1502.	F.S., to determine penalty hability)		
919 NORTH M	IARKET STREET STE 950, WILMINGTON, DE	19801		
919 NORTH M	(SEE SECTIONS 607.1501 & 607.1502. IARKET STREET STE 950, WILMINGTON, DE (Principal office s	19801		
919 NORTH M	(SEE SECTIONS 607.1501 & 607.1502 IARKET STREET STE 950, WILMINGTON, DE (Principal office g VE APT 511, SUNNY ISLES BEACH, FL 33160	19801 itreet address)		
919 NORTH M	(SEE SECTIONS 607.1501 & 607.1502. IARKET STREET STE 950, WILMINGTON, DE (Principal office s	19801 itreet address)	10 P J J	
919 NORTH M 200 178th DRI	(SEE SECTIONS 607.1501 & 607.1502 IARKET STREET STE 950, WILMINGTON, DE (Principal office g VE APT 511, SUNNY ISLES BEACH, FL 33160	ddress, if different)	COCCUPATION OF THE PARTY OF THE	
919 NORTH M 200 178th DRI Name and stre	(SEE SECTIONS 607.1501 & 607.1502. IARKET STREET STE 950. WILMINGTON, DE (Principal office government) VE APT 511, SUNNY ISLES BEACH, FL 33160 (Current mailing action)	ddress, if different)		
919 NORTH M 200 178th DRI	(SEE SECTIONS 607.1501 & 607.1502. [ARKET STREET STE 950, WILMINGTON, DE (Principal office government) (Principal office government) (Current mailing and et address of Florida registered agent: (P.O. B. SUNTAX CONSULTING, LLC.	ddress, if different)	THE CO MILE STATE	
919 NORTH M 200 178th DRI Name and stre Name:	(SEE SECTIONS 607.1501 & 607.1502. IARKET STREET STE 950. WILMINGTON, DE (Principal office government) VE APT 511, SUNNY ISLES BEACH, FL 33160 (Current mailing and et address of Florida registered agent: (P.O. B.)	ddress, if different)	3	
919 NORTH M 200 178th DRI Name and stre	(SEE SECTIONS 607.1501 & 607.1502. IARKET STREET STE 950. WILMINGTON, DE (Principal office government of the second of the second office government of the second of the s	ddress, if different)	٠, د	

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 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	indrey Samoyeav		Konst	iantin Shishkin
□ Chairman	Name: ANDREY SAMOYLOV	□Chairman	Name: KONS	STANTIN SHISHK
□Vice Chairman	Engers cosse	□Vice Chairman	Address: Po	poorise ORISE 5-47
Director	AUSTRIA VIENNA 1020	Director		ESTONIA, 13520
□President	·	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary		□Treasurer
□Other	Other	□Other		□Other
□Vice Chairman □Director □President □Vice President MSecretary	Pawel Medvedev Name: PAVEL MEDVEDEV Address: 200 178th, Drive Apt. 511 Sunny Isles Boach, FL 33160 Treasurer	□Vice Chairman □Director □President	Address:	□Treasurer
□Chai⊓nan	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director	_	
□President		□President		
□Vice President		□Vice President	-	
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		□Other
The officer or direction aware that fast, 155, F.S.	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department Signature of Director or Signing this document (and who is listed in number also information submitted in a document to the Department of the Departmen	nt of State Annual Re Officer I above) affirms the	port form. at the facts stated tes a third degree	I herein are true and that he or
13. <u>YAVE</u>	(Typed or printed name and capacity of person	n signing application	 I	
	, and capacity of freinth	b apprention.	,	

. . . .

Page 1



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

DELAWARE, DO HEREBY CERTIFY "UPLIFY 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 EIGHTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UPLIFY INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MAY, A.D. 2021.

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

Authentication: 202545680

Date: 01-08-24