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## **COVER LETTER**

TO:		tration Section ion of Corporations			
SUBJ	FCT.	Safer School Solutions, Inc.			
3 <b>0 B</b> 0	1.01.	Name of	corporation	ı - must include suffix	_
Dear S	ir or M	adam:			
"Certif	icate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to train	f Good Star	Authorization to Transact Business in Florida." and check are submitted to register the ess in Florida.	
Please	return a	all correspondence concerning	g this matte	r to the following:	
Brian I	Catz				
		-	Name of	Person	_
Safer S	chool S	olutions, Inc.			
			Firm/Con	npany	_
333 l.a	s Olas V	Vay CU-1			
	_	•	Addr	ess	_
Fort La	uderdal	e, FL 33301			
	·		City/State a	nd Zip code	_
admini	stration(	@saferschoolsolutions.com			
		E-mail address: (	to be used t	for future annual report notification)	_
For fur	ther inf	ormation concerning this mat	ter, please c	all:	
Brian Katz		Area Code ) 342-6353 Daytime Telephone Number			
	Name	of Person	Area Cod	e Daytime Telephone Number	
	Regist Divisi The C 2415 N	ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please n		theck for the following amounted payable to: FLORIDA DEP.  Ing Fee	ARTMENT	OF STATE  378.75 Filing Fee & Sertificate of State Certified Copy  Certified Copy	ıs &

## 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.

	able in Florida, enter alternate corporate name		g business in Florida)
Delaware	3.	93-4564726	
11/17/2023	y under the law of which it is incorporated)  5.	(FEI number, if app	
(Date	of incorporation)	(Date of duration, if other the	han perpetual)
11/18/2023			
140 E Sample Ro	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ad Suite 207, Pompano Beach, FL 33064	Florida. if prior to registration) 02. F.S., to determine penalty liabilit	у)
333 Lac Olac W	(Principal offi iy CU-1, Fort Lauderdale, FL 33301	ce <u>street</u> address)	
	·	g address, if different)	
	(Curen mann	g address, it different)	
		. Box NOT accentable)	Ø . ~
Name and stree	et address of Florida registered agent: (P.C		- '
Name and street	et address of Florida registered agent: (P.C Brian Katz		23 DE
			2023 DEC 18
Name:	Brian Katz	33064	23 DEC 18 AF
Name:	Brian Katz 440 E Sample Road Suite 207		18 AH
Name: fice Address:	Brian Katz  440 E Sample Road Suite 207  Pompano Beach  (City)		<u></u>
Name: fice Address:  Registered ag	Brian Katz  440 E Sample Road Suite 207  Pompano Beach  (City)	Florida 33064(Zip code)	18 AH 8: 08
Name: Tice Address: Registered agwing been namignated in this	Brian Katz  440 E Sample Road Suite 207  Pompano Beach  (City)	. Florida 33064 (Zip code)  se of process for the above stated tent as registered agent and agree	corporation at the p

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 Brian Katz Phillip Dunn II ■ Chairman □ Chairman Name: 6610 N Woodridge Drive 1735 NE 9th St ☐ Vice Chairman Address: □ Vice Chairman Address: Parkland, FL 33067 Fort Lauderdale, FL 33304 □Director □Director President President □ Vice President □ Vice President □ Secretary □Treasurer ■ Secretary ☐ Treasurer □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 \_\_\_\_\_\_ □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.

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.
Brian Katz

Signature of Director or Officer

Page 1



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

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFER SCHOOL SOLUTIONS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2023.

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

Authentication: 202543574

Date: 01-08-24