## F24000001102

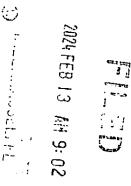
(Requestor's Name)							
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## **COVER LETTER**

	on Section of Corporations					
SUBJECT: Con	afide Systems Inc.					
	Nai	ne of corporation	- must include	suffix		
Dear Sir or Madai	m;					
"Certificate of Ex		ate of Good Stan	ding" and check		t Business in Florida," mitted to register the	
Please return all c	orrespondence conc	erning this matter	to the following	3:		
Tessa Schwarz						
		Name of	Person		4-11	
Capbase Agent & F	Document Services LL	C				
		Firm/Com	pany			
1007 North Orange	Street, Floor 4					
		Addro	ess		_	
Wilmington, DE 19	9801					
		City/State a	nd Zip code			
filings@capbase.co	un					
	E-mail add	ress: (to be used f	or future annual	героп п	otification)	
For further inform	nation concerning thi	is matter, please c	all:			
Tessa Schwarz		at (	407-0697	407-0697		
Name of	Person	Area Code	e Daytin	ne Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Regis Divisi P.O. I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
		A DEPARTMENT	OF STATE  3 \$78,75 Filing  Certified Cop		☐ \$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.

	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ing business in Florida)			
Delaware	93-4537447 3.					
		(FEI number, if applicable)				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
333 S. E. 2nd Av	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 enue, Suite 2000, Miami, FL 33131	02, F.S., to determine penalty liabi	lity)			
_						
	(Principal offi	ce <u>street</u> address)	<del>-</del>			
	(Principal offi	ce <u>street</u> address)				
		g address, if different)				
Name and street		g address, if different)				
Name and stree	(Current mailin	g address, if different)	202			
Name:	(Current mailin	g address, if different)	2024 FEB			
Name:	(Current mailing) et address of Florida registered agent: (P.C. Veorp Agent Services, Inc. 1200 South Pine Island Road	g address, if different)  Box NOT acceptable)	2024 FEB 13			
	(Current mailing) et address of Florida registered agent: (P.C. Veorp Agent Services, Inc. 1200 South Pine Island Road	g address, if different)	2024 FEB 13 AH			
Name: Fice Address:  Registered age	(Current mailing) et address of Florida registered agent: (P.C. Veorp Agent Services, Inc.  1200 South Pine Island Road  Plantation  (City)	g address, if different)  Box NOT acceptable) , Florida 33324 (Zip code)	2024 FEB 13 AM 9:			
Name: Fice Address:  Registered againg been num	(Current mailing)  et address of Florida registered agent: (P.C. Veorp Agent Services, Inc.  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  eed as registered agent and to accept services	g address, if different)  Box NOT acceptable) , Florida 33324 (Zip code)  see of process for the above state	2024 FEB 13 MH 9: One			
Name: fice Address:  Registered agoing been naming been this	(Current mailing) et address of Florida registered agent: (P.C. Veorp Agent Services, Inc.  1200 South Pine Island Road  Plantation  (City)	g address, if different)  Box NOT acceptable) , Florida 33324  (Zip code)  re of process for the above state ent as registered agent and agr	ed corporation atithe pree to act in this capa			

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: Gregory Mateo Barber	□Chairman	Name:				
□Vice Chairman	Address: 333 S. E. 2nd Avenue, Suite 2000	□Vice Chairman	Address:				
Director	Miami, FL 33131	□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	<del> </del>				
□Vice President		□Vice President					
□Secretary	□Treasurer	□Scoretary		□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	<del></del>	□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.  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.

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CONFIDE SYSTEMS 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 TWENTY-NINTH DAY OF DECEMBER, A.D.
2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONFIDE SYSTEMS INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2023.



Jeffrey W. Bulleck, Secretary of State

Authentication: 204936074