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		OFIT/NONPROFIT CORPORATION CYPATOR INC.	
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CYPATOR INC.

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.

		ΓΕ <u></u> Ο.¨ "(COMPANY." "CORPORATIO?	N."
(If name unavail	able in Florida, enter alternate corporate r	nume ado	pted for the purpose of transactin	g business in Florida)
Delaware		3		
(State or countr	y under the law of which it is incorporate	d)	(FEI number, if ap	plicable)
3/3/2022		5.		
(Date	of incorporation)		(Date of duration, if other t	than perpetual)
7901 4th St N ST		07.1002.	T 15. W determine penalty habin	()
	(Principa	d office g	itreet address)	
7901 4th St N ST	E 300 St. Petersburg FL 33702			~
	(Current r	nailing a	ddress, if different)	FILL SECRETAR SECRETAR
Name and stree	et address of Florida registered agent:	(P.O. B	lox <u>NOT</u> acceptable)	R2
Name:	Registered Agents Inc			
ffice Address:	7901 4th St N STE 300			PH 3: 1
	St. Petersburg		Florida 33702	
	(City)		(Zip code)	•
	"Inc.," "Co.," "C (If name unavail Delaware (State or countr 3/3/2022 (Date 7901 4th St N ST 7901 4th St N ST Name and <u>stree</u> Name:	"Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate in Delaware (State or country under the law of which it is incorporate 3/3/2022 (Date of incorporation) (Date first transacted busin (SEE SECTIONS 607.150) & 6 7901 4th St N STE 300 St. Petersburg FL 33702 (Principa 7901 4th St N STE 300 St. Petersburg FL 33702 (Current in Name and <u>street address</u> of Florida registered agent: Name: Name: Registered Agents Inc 7901 4th St N STE 300 St. Petersburg flice Address: St. Petersburg	"Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name ado Delaware 3. (State or country under the law of which it is incorporated) 3/3/2022 5. (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in FI (SEE SECTIONS 607.150) & 607.1502 (Principal office g (Principal office g 7901 4th St N STE 300 St. Petersburg FL 33702 (Current mailing a (Current mailing a Name and street address of Florida registered agent: (P.O. B) Name: Name: Registered Agents Inc Tice Address: St. Petersburg	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transactin Delaware 3. (State or country under the law of which it is incorporated) (FEI number, if ap 3/3/2022 5. (Date of incorporation) (Date of duration, if other to registration) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1502, F.S., to determine penalty liabilities) 7901 4th St N STE 300 St. Petersburg FL 33702 (Principal office street address) 7901 4th St N STE 300 St. Petersburg FL 33702 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT_acceptable) Name: Registered Agents Inc 7901 4th St N STE 300 St. Petersburg Florida 33702 St. Petersburg

9. Registered agent's acceptance:

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.

24 10:57:02 PDT	To: 18506176380	Pege: 3/4	Fax: 81343
A. DIRECTORS			
Chairman	JEDEIKIN, AYAL	Chairman Name:	
□Vice Chairman	Address:	Vice Chairman Address	۲ <u></u>
⊡Director	Boca Raton . FL, 33496	UDirector	
President		President	
□Vice President		□Vice President	
@Secretary	⊡ Treasurer	Secretary	
□Other	Other	Other	🗆 Other
□Chairman	Name:	⊡Chaiman Name:_	
□Vice Chairman	Address:	□Vice Chairman Address	،
Director		Director	
□President	<u> </u>	President	
□Vice President		□Vice President	
DSecretary	□ Treasurer		Treasurer
00ther	Other	[]Other	DOther
🗍 Chairman	Name:	□Chairman Name: _	
UVice Chairman	Address:	UVice Chairman Address	:
Director		Director	
		President	
□Vice President		Uvice President	
Secretary	Treasurer 🗆	Secretary	Treasurer
□Other	Other	□Other	□ Other
Dother	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	Other te attachment will be imaged for reported to the set of the set	□Other
12	Signature of Dire		
	signature of Director signature of Director signing this document (and who is listed in a document to the I document to the I	number 11 above) affirms that the fact	
13.	Ayal Jedeikin		

To: 18506176380

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYPATOR 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-SIXTH DAY OF FEBRUARY, 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 "CYPATOR INC." WAS INCORPORATED ON THE THIRD DAY OF MARCH, A.D. 2022.

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



Authentication: 202880819 Date: 02-26-24

6650877 8300 SR# 20240678681

You may verify this certificate online at corp.delaware.gov/authver.shtml