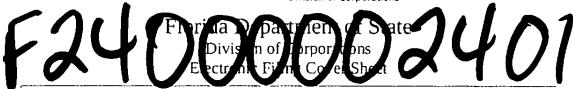
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future ழுஹாயal report mailings. Enter only one email address please.\*\*

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## FOREIGN PROFIT/NONPROFIT CORPORATION LeadVIPS, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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## 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.

(If name unavaila	able in Florida, enter alternate corporate name ad	onted for the purpose of transacting busin	ness in Florida)
ne		-	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	e)
July 7, 2023	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
		<u> </u>	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)  4, F.S., to determine penalty liability)	
7901 4th St N STI	E 300 St. Petersburg, FL 33702		
	(Principal office	street address)	<del></del>
7901 4th St N ST	E 300 St. Petersburg, FL 33702		
	(Current mailing a	address, if different)	· · · · · · · · · · · · · · · · · · ·
Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	ZUZ" HAY -
	7901 4th St N STE 300		. <b>ω</b>
Mica Addrose:	St. Petersburg	, Florida	PH 5:
ffice Address:		(Zip code)	0
office Address:	(City)	(Zip code)	9

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.

5/3/2024 10:34:10 PDT To: 18506176383 Page: 3/4

Fax: 8134365206

## A. DIRECTORS LaMela, Paul Numc: \_\_\_\_ Manji, Zishan □ Chairman Chairman ... Name: \_\_ □ Vice Chairman Address: \_\_\_ ☐ Vice Chairman Address: \_\_\_ 7901 4th St N STE 300 7901 4th St N STE 300 ☑ Director ☑ Director St. Petersburg FL 33702 St. Petersburg FL 33702 ☑ President ☐ President □Vice President □ Vice President ☐ Treasurer □ Secretary ☑ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman Chairman Name: \_\_\_\_\_ □Vice Chairman Address: □ Vice Chairman Address: **Director** □ Director \*\*\* □President □ President □Vice President □ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Other \_\_\_\_\_ Name: □ Chairman □ Chairman Name: Address: LIVice 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. Paul La Mela 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 5.817.155, F.S.

Paul LaMela- President



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LEADVIPS 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 THIRD DAY OF MAY, 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 "LEADVIPS INC."

WAS INCORPORATED ON THE SEVENTH DAY OF JULY, A.D. 2023.

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

Authentication: 203392325

Date: 05-03-24