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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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K. Brumbley

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CT: iNeedaPPi Inc.			
		of corporation -	must include suffix	
Dear Sir	or Madam:			
"Certific	losed "Application by Foreign C cate of Existence," or "Certificat ferenced foreign corporation to	e of Good Standin	ng" and check are submi	
Please re	eturn all correspondence concerr	ning this matter to	the following:	
Joseph O	Reilley			
		Name of Pe	rson	
iNeedaPl	Pi Inc.			
		Firm/Compa	ny	
751 NE 2	2nd st.			
		Address	· ·	
Boca Rat	on/FL 33432			
<u>. </u>		City/State and	Zip code	
joe@inec				
	E-mail addres	s: (to be used for	future annual report not	ification)
For furth	ner information concerning this r	natter, please call	:	
Joseph O	'Reilley	at (³⁰⁵	800 4774	
	Name of Person	Area Code	Daytime Telepho	ne 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 ma	d is a check for the following amake check payable to: FLORIDA E O Filing Fee \$78.75 Fili Certificate	DEPARTMENT O		\$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," Corp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting l	business in Florida)	
Delaware HS				
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)	
4. Oct. 23/ 2023	5			
(Date	of incorporation) 5	(Date of duration, if other tha	n perpetual)	
6. Mar. 1/ 2024				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)	
751 NE 2nd st. B	oca Raton, FL, 33432	•		
·	(Principal office	street address)		
	(Current mailing	address, if different)	2024 / 18	
8. Name and stres	et address of Florida registered agent: (P.O.	Box NOT acceptable)	—	:_
Name:	Joseph O'Reilley		10	•
Office Address:	751 NE 2nd st.			·
	Boca Raton	, Florida 33432	2: 2:	
	(City)	(Zip code)		
designated in this further agree to c and I am familian	ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointme comply with the provisions of all statutes rela- r with and accept the obligations of my positi (Registered agent's sign certificate of existence guly authenticated, no	nt as registered agent and agree ative to the proper and complete pition as registered agent.	to act in this capac performance of my	ity. I duties
the Department of	f State, by the Secretary of State or other offi which it is incorporated.			

A. DIRECTORS Name: Joseph O'Reilley □ Chairman □ Chairman Name: _____ 751 NE 2nd st. □Vice Chairman Address: ☐ Vice Chairman Address: _____ Boca Raton, FL, 33432 □ Director □ Director President □President □ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer ☐Other ____ □Other ____ □Other _____ Other _____ ☐ Chairman Name: _____ 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 □Vice Chairman Address: _____ □Vice Chairman Address: ______ □ Director □ Director □President □President □Vice President □Vice President ☐ Treasurer □ Secretary □ Secretary □Treasurer □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. Sterange 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 ne 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. Joseph O'Reilley, President



Page 1

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

DELAWARE, DO HEREBY CERTIFY "INEEDAPPI 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-SEVENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INEEDAPPI INC."

WAS INCORPORATED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2023.

Authentication: 203129024

Date: 03-27-24

2525033 8300 SR# 20241191900