## F24000002540

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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SECRETARY OF STATEMS

NVISION OF CERPORATIONS

24 MAY 13 PM 4: 04



1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO. :  REFERENCE :  AUTHORIZATION :  COST LIMIT :	Childena.
ORDER DATE : 5/13/24	
ORDER TIME :	
ORDER NO. :	
CUSTOMER NO:	
FOREIGN FIL	<u>INGS</u>
NAME: INCEPTUA, INC.	
_ ✓ QUALIFICATION (TYPE: <u>CO</u> )	
PLEASE RETURN THE FOLLOWING AS PROCEED COPY  CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANS	

EXAMINER:

CORPORATION SERVICE COMPANY

CONTACT PERSON:

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: INCEPTUA, INC.			
0.000	<del></del>	ne of corporation	n - must include suffix	
Dear S	iir or Madam:			
"Certif	iclosed "Application by Foreign ficate of Existence," or "Certificate of Existence," or "Certificate of the corporation to the	ate of Good Sta	nding" and check are sub	
Please	return all correspondence conce	rning this matte	er to the following:	
Ellie T	sakonas			
		Name o	f Person	-
Inceptu	aa, Inc.			
		Firm/Co	mpany	
206 Ro	ckingham Row			
	· · · · · · · · · · · · · · · · · · ·	Add	ress	
Princet	on, NJ 08540			
		City/State	and Zip code	
ellie.tsa	akonas@inceptua.com			
	E-mail addr	ess: (to be used	for future annual report r	notification)
For fur	ther information concerning this	s matter, please	call:	
Ellie Tsakonas		646	307-9782	
	Name of Person	Area Co	de Daytime Telepl	hone Number
	STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please i	ed is a check for the following a make check payable to: FLORIDA .00 Filing Fee	DEPARTMEN	T OF STATE  ☐ \$78.75 Filing Fee &  Certified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## 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.

Delaware	<u>.</u>			
3.		26-0838498		
•	under the law of which it is incorporated)	(FEI number, if applicable)		
07/19/2007 5.		perpetual		
	of incorporation)	(Date of duration, if other than perpetual)		
		n Florida, if prior to registration)  502, F.S., to determine penalty liability)  Prior address if different		
		ice <u>street</u> address)		
-	(Current mailir	ng address, if different)		
Name and street	address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	Corporation Service Company			
ffice Address:	1201 Hays Street			
	Tallahassee	, Florida 32301		
	(City)	(Zip code)		

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.

(Registered agent's signature)

By:

## A. DIRECTORS Douglas Cook Damian Procak □Chairman □ Chairman Name: 206 Rockingham Row 206 Rockingham Row □Vice Chairman Address: □Vice Chairman Address: Princeton NJ 08540 Princeton NJ 08540 ■ 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 □ Chairman Name: Name: \_\_\_\_\_ □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. Damian\_Procak Damien Procek Signer ID: Z5PPFOSJGP Signature of Director or Officer 09 May 2024, 18:45:47, UTC The officer or director signing this document (and who is listed in number 11 above) aftirms 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. Damian Procak, Secretary

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

DELAWARE, DO HEREBY CERTIFY "INCEPTUA, 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 TENTH 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 "INCEPTUA, INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF JULY, A.D. 2007.

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

Authentication: 203450249

Date: 05-10-24