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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/15/2024

NAME: METAGUEST INCORPORATED

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Metaguest Incorporate	ed			
N	ame of corporation - r	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certi- above referenced foreign corporation	ficate of Good Standir	g" and check are subm	Business in Florida," itted to register the	
Please return all correspondence cor	icerning this matter to	the following:		
Chris Carmichael				
	Name of Per	son		
Metaguest Incorporated				
	Firm/Compa	ny		
2140 S Dupont Hwy				
	Address			
Camden, Delaware 19934				
, <u> </u>	City/State and	Zip code		
ccarmichael@metaguest.ai				
E-mail ac	ldress: (to be used for	future annual report no	tification)	
For further information concerning	this matter, please call	:		
Chris Carmichael	647	225-4337	Daytime Telephone Number	
Name of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADT Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
	DA DEPARTMENT O Filing Fee & S	F STATE 78.75 Filing Fee & Certified Copy	☐ \$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.

Metaguest Incorporated

Delayana		opted for the purpose of transacting	business in Florida)	
	2			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
May 20, 2021				
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		;}	
200 East Las O	las Boulevard, Suite 1412, Fort Lauderdale, F	L 33301		
	(Principal office			
			<u></u>	
	(Current mailing a	ddress, if different)	0241:	
Mana and otra	ot addraw of Florida registered agent: (P.O. E	Roy MOT accontable)	- 4	
Name and <u>street address</u> of Florida registered agent: (P.O. Paracorp Incorporated		MOT acceptable)	<u></u> نان	
Name:	- anacorp incorporated	_	=	
fice Address:	155 Office Plaza Drive, 1st Floor		ယ္	
	Tallahassee	Florida	<u>.</u> ന	
	(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.

A. DIRECTORS				
	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
■ Director	Toronto, Ontario, Canada M8Z 5B7	□Director		
□President		□President		_
□Vice President		□Vice President		
☐Secretary	□Treasurer	□Secretary		□Treasurer
Other CEO	□ 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		□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		□ Other
Important Notice: individuals may b	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment and the index when filing your Florida Department.	climent will be imagent of State Annual R	ed for reporting pu eport form.	rposes only. Non-indexed
12.	Signators of Director of	· <u> </u>		
The officer or dire	ector signing this document (and who is listed in number also information submitted in a document to the Depart	r 11 above) affirms t	hat the facts stated	herein are true and that he or

13. Tony Comparelli, CEO & Director

(Typed or printed name and capacity of person signing application)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 05/14/2024

ENTITY NAME: METAGUEST INCORPORATED

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "METAGUEST INCORPORATED" 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 FOURTEENTH 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 "METAGUEST INCORPORATED" WAS INCORPORATED ON THE TWENTIETH DAY OF MAY, A.D. 2021.

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

Authentication: 203468498

Date: 05-14-24

SR# 20242108624