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(Requestor's Name)					
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((City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
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COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT: Universal Smart Cards, Inc.		
	corporation - must include suf	fix
Dear Sir or Madam:		
The enclosed "Application by Foreign Corp 'Certificate of Existence," or "Certificate on above referenced foreign corporation to trans	f Good Standing" and check ar	ransact Business in Florida," e submitted to register the
Please return all correspondence concerning	g this matter to the following:	
Dominique Gillot		
	Name of Person	
Universal Smart Cards, Inc.		
	Firm/Company	
28 Beach Haven Parkway	. ,	
	Address	
Palm Coast, FL 32137		
	City/State and Zip code	
Dominiquegillot@usmartcards.com		
E-mail address:	to be used for future annual re	port notification)
For further information concerning this mat	ter, please call:	
Dominique Gillot a	858 888-3936	
Name of Person	Area Code Daytime	Celephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Registrat Division P.O. Box	ion Section of Corporations 6327 see, FL 32314
Enclosed is a check for the following amou Please make check payable to: FLORIDA DEF \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT OF STATE Fee & \$78.75 Filing Fee	\$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.

Universal Smart	Cards, Inc.		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORA"	rion,"
(If name unavails	able in Florida, enter alternate corporate nan	ne adonted for the purpose of trans	acting husiness in Florida
Delawasa	and the second control in the second control	37-1795742	detuig business in Florida)
2. <u></u>	y under the law of which it is incorporated)	3. (FEI number,	· · · · · · · · · · · · · · · · · · ·
08/12/2015	• • •	5. NA	т аррисавіе)
· · · · · · · · · · · · · · · · · · ·	of incorporation)	5. (Date of duration, if of	ther than perpetual)
NA 5.	,	(= === o= =====, == o=	
	(SEE SECTIONS 607.1501 & 607		ability)
7	Parkway West, Suite 410, Jacksonville, Flor	·····	
	•	office street address)	
4445 Eastgate Ma	all, Suite 200, San Diego, CA 92121		
	(Current mai	iling address, if different)	
8. Name and stree	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	Zuz4 APR 30
Name:	Dominique Gillot		े र
Office Address:	28 Beach Haven Parkway		30
	Palm Coast	, Florida ³²¹³⁷	14 A
	(City)	(Zip code)] 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my (Registered agent's	ntment as registered agent and s relative to the proper and com position as registered agent.	tated corporation at the place agree to act in this capacity
0. Attached is a he Department of	certificate of existence duly authenticate State, by the Secretary of State or other	xd, not more than 90 days prior to official having custody of corp	to delivery of this application orate records in the jurisdict

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS				
☐ Chairman	Name: Michael Smith	□Chairman	Name:	Chris Allen
□Vice Chairman	Address: 119 Waxwell Lane, Pinner,	□Vice Chairman	Addres	136 Evelyn Avenue, Ruislip,
Director	Middx, HA5 3EP, UK	Director		esex HA48AQ UK
□President		□President		
□Vice President		□ Vice President		
Secretary	☐ Treasurer	Secretary		□Treasurer
Other	□ Other	Other	- ·- <u>-</u> -	□Other
	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Addres	s:
□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	Addres	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other	Other	Other	·	□Other
Important Notice: U	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	chment will be image nt of State Annual Re	d for report	orting purposes only. Non-indexed
12.	M W Smith			
	MW Smith Signature of Director of	r Officer		
The officer or direct she is aware that fa s.817.155, F.S.	tor signing this document (and who is listed in number lse information submitted in a document to the Department	11 above) affirms th	at the fac	ts stated herein are true and that he or
13. Michael Smit				
	(Typed or printed name and capacity of perso	n signing application)	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "UNIVERSAL SMART CARDS, 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-THIRD DAY OF APRIL, A.D.

2024.



Authentication: 203309546

Date: 04-23-24