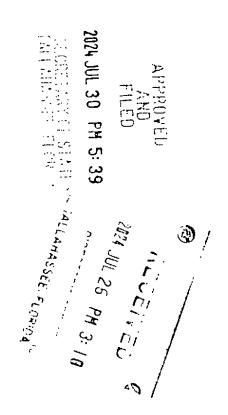
F24000004025

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICNOP WAIT WAIT
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation instructions for fining officer,
1.311 1.3 3
W24-107663

Office Use Only



300433749143



K. Brumpley



July 26, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: WHATT.IO HOLDING INC.

Ref. Number: W24000107663

We have received your document for WHATT.IO HOLDING INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 424A00016587

RECPETA FALLAHASSEEL FLOND

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	S ACCOUNT: I20210000160: \$78.75
	dud la
What.io holding inc. BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
X_Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other LLLP	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	X_ Foreign Filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ()	Trademark Other
	EXAMINER'S INITIALS:

COVER LETTER

	itration Section ion of Corporations				
SUBJECT:	whatt,io holding inc.				
33333311		f corporation	on - mus	st include suffix	
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign Corf Existence," or "Certificate of the ced foreign corporation to tra	of Good St	anding"	and check are submi	
Please return	all correspondence concernir	ig this matt	er to the	following:	
Yaakov Y. Klo	rin				
		Name o	of Person	1	
Frankel, Rubin	, Klein, Payne & Pudlowski, P.	C.			
		Firm/Co	mpany		_
231 S Bemisto	n Ave, Ste 1111				
	·	Ado	lress		·
Clayton, MO 6	3105				
		City/State	and Zip	code	
yklein@franke					
	E-mail address:	(to be used	l for futi	ure annual report not	ification)
For further int	formation concerning this ma	atter, please	call:		
Yaakov Klein	ſ	314 at (, 72	5-8000	
Name	c of Person	Arca Co	ode	Daytime Telepho	ne Number
Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303	:		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	check for the following amore eck payable to: FLORIDA DE ing Fee	PARTMEN Fee &	= \$ 78.		S87.50 Filing Fee, Certificate of Status & Certified Copy

whatt.io holding inc.

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.

DE		topica for the purpose of transac	ting business in Florida)	
DE	3			
(State or count	ry under the law of which it is incorporated) 3, _	(FEI number, if	applicable)	
10/07/2022	5			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150		ilina	
3101 NF 1ct Ave	Apt 2615, Miami, FL 33137	z, r.s., to determine penalty hat	mity)	
		street address)		
	(тикера опес	street address)		
	(Current mailing	address, if different)		
		a-a, a,		
	_			
Name and stre	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	20 :	
	et address of Florida registered agent: (P.O. InCorp Services, Inc.	Box <u>NOT</u> acceptable)	2024 J 53.06 64U.5	
Name and stre	InCorp Services, Inc.	Box <u>NOT</u> acceptable)	2024 JUL 3 2024 JUL 3 23.036.13 24.11.538.5	
		Box <u>NOT</u> acceptable)	2024 JUL 30 2024 JUL 30 ELECTRICATION FILE FILE ALL JHANS	
Name:	InCorp Services, Inc. 3458 Lakeshore Drive		AND FILED 2024 JUL 30 PM BLORGING OF FALL MHASSERIE	
Name:	InCorp Services, Inc. 3458 Lakeshore Drive	Box NOT acceptable) , Florida 32312 (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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

. Docusign Envelope ID: 42630939-9EED-44FE-A7CE-49A891DC17E6 A. DIRECTORS □Chairman Name: □ Chainnan □Vice Chairman Address: __ ☐ Vice Chairman Address: 3101 NE IST AVE Stefan Larsson Apt 2615 Director □ Director 33137 Stefan Larsson President □ President ☐ Vice President □Vice President □ Secretary □Treasurer □Treasurer □ Secretary 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 _____ Name: _____ Name: □ Chairman □ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: ☐ Director ☐ Director □ President □President ☐ Vice President □ Vice President ☐ Secretary □ Treasurer ☐ 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 many beautided to the index when filing your Florida Department of State Annual Report form.

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 s.817.155, F.S.

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WHATT.IO HOLDING 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-FOURTH DAY OF JULY, 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 "WHATT.IO HOLDING INC." WAS INCORPORATED ON THE SEVENTH DAY OF OCTOBER, A.D. 2022.

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

Authentication: 203996323

Date: 07-24-24