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COVER LETTER

10:	Registration Section Division of Corpo				
SUBJ	ECT:	MY T	ECHNOL	OGY INC	
		Name of corp	oration - mi	ist include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existence,"	by Foreign Corporat or "Certificate of Go corporation to transact	od Standing	" and check are subm	Business in Florida," itted to register the
Please	return all correspon	dence concerning this	matter to th	e following:	
		Р	AUL MARTI	N	
		N	ame of Perso	on	
		COO - M	Y TECHNO	LOGY INC	
		Fir	m/Company	,	_
		690	0 Veronese	St.,	
	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	Address		
		Coral	Gables, FL,	33146	
			State and Z		
		finance@	mytechnolog	ogyco.com	
		E-mail address: (to b	e used for fu	ture annual report no	tification)
For fur	ther information co	ncerning this matter, p	olease call:		
	ZACHARY BRUCI	H at (973	865 -15	56
	Name of Person		ea Code	Daytime Telepho	one Number
	STREET/COUR Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810		MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
Please r		following amount: b: FLORIDA DEPART \$78.75 Filing Fee of Certificate of Statu	& □ \$78	STATE 3.75 Filing Fee & rtified Copy	S87.50 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.

	IAI	IY TECHNOLO	GY, INC	"CORPORATION,"	
(Enter name of corporate "Inc.," "Co.," "Corp.," "I	tion; must include "INCC Inc," "Co," or "Corp.")	ORPORATED," "C	OMPANY,"	"CORPORATION,"	
(If name unavailable in	Florida, enter alternate c	orporate name adop	ted for the p	urpose of transacting b	ousiness in Florida)
(State or country under	AWARE	3		93-3360020)
(State or country under	r the law of which it is in	icorporated)		(FEI number, if applied	cable)
SEPT.	. 8, 2023	5.			
(Date of inco	. 8, 2023 orporation)		(Date o	f duration, if other than	n perpetual)
		SEPT. 8, 20	23		
	(Date first transaction) (SEE SECTIONS 607	cted business in Flo. .1501 & 607.1502, 1			
	3238	BEmathla Street, M	/liami, FL 3	3133	
	· -	(Principal office st	reet address)	
	382 NF 1919	st St PMB 44358,	Miami Flor	ida 33179_3899	
	((Current mailing add	dress, if diffe	erent)	
	((Current mailing add	dress, if diffe	erent)	
	ess of Florida registere	ed agent: (P.O. Bo		·	F 6707
. Name and <u>street addre</u> Name:	ess of Florida registere	-		·	, 111F 1507
Name:	ess of Florida registere Paul Mar	ed agent: (P.O. Bo		·	2024 JUJ 26
Name:	ess of Florida registere Paul Mar 6900 Verone	ed agent: (P.O. Bo tin se St.	ox <u>NOT</u> acc	ceptable)	S.
Name:	ess of Florida registere Paul Mar 6900 Verone Coral Gable	ed agent: (P.O. Bo tin se St. es	ox <u>NOT</u> acc - - - , Florida _	ceptable)	& Pi
Name:	ess of Florida registere Paul Mar 6900 Verone	ed agent: (P.O. Bo tin se St. es	ox <u>NOT</u> acc - - - , Florida _	ceptable)	% Pil 2:
Name:	ess of Florida registere Paul Mar 6900 Verone Coral Gable (City)	ed agent: (P.O. Bo tin se St. es	ox <u>NOT</u> acc - - - , Florida _	ceptable)	Pil
Name: Office Address: Registered agent's as a laving been named as a	ess of Florida registere Paul Mar 6900 Verone: Coral Gable (City) cceptance: registered agent and to	ed agent: (P.O. Bottin se St. es	ox <u>NOT</u> acc - - - - - - - - - - - - - - - - - -	ceptable) 33146 (Zip code) r the above stated co	Pil 2: 02 Orporation at the pi
Name: office Address: Registered agent's a laving been named as resignated in this applic	ess of Florida registere Paul Mar 6900 Verone Coral Gable (City) cceptance: registered agent and to	ed agent: (P.O. Bo tin se St. es o accept service of t the appointment	ox <u>NOT</u> aco - - - - - - - - - - - - -	ceptable) 33146 (Zip code) r the above stated coed agent and agree t	File 2: 02 Orporation at the place of the p
Name: Office Address: Registered agent's and as in the same of t	ess of Florida registere Paul Mar 6900 Verone Coral Gable (City) cceptance: registered agent and to ration, I hereby accept with the provisions of	ed agent: (P.O. Bo tin se St. es o accept service of the appointment fall statutes relati	ox <u>NOT</u> according to the process for the proc	eeptable) 33146 (Zip code) r the above stated coed agent and agree to the oper and complete poper and comp	File 2: 02 Orporation at the place of the p
Name and street address: Name: Office Address: Registered agent's a laving been named as it lesignated in this applicant the agree to comply and I am familiar with a	ess of Florida registere Paul Mar 6900 Verone Coral Gable (City) cceptance: registered agent and to ration, I hereby accept with the provisions of	ed agent: (P.O. Bo tin se St. es o accept service of the appointment fall statutes relati	ox <u>NOT</u> according to the process for the proc	eeptable) 33146 (Zip code) r the above stated coed agent and agree to the oper and complete poper and comp	File 2: 02 Orporation at the place of the p
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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.

DocuŞiga Envelope ID: 4B5E1BD4-158D-48EA-80B9-D0A726CE5ABE

A. DIRECTORS

	Name: _	ZACHARY BRUCH	□ Chairman	Name:	MAXWELL BRUCH
□Vice Chairman	Address:	3238 Emathla Street Miami, FL 33133	□ Vice Chairman	Address: 323	8 Emathla Street Miami, FL 33133
□Director			☑Director		
□President			□President		
□ Vice President			□Vice President		
□Secretary		□Treasurer	□Secretary		□Treasurer
☑OtherCE	0	Other	□Other		Other
□Chairman	Name:	PAUL MARTIN	□ Chairman	Name:	
□Vice Chairman	Address:	6900 Veronese St., Coral Gables, FL, 33146	□Vice Chairman	Address:	
□Director			□Director		
□President			□President		
□Vice President			□Vice President		
☐ Secretary		□Treasurer	☐ Secretary		□Treasurer
☑OtherCO	<u> </u>	□Other	Other		Other
□Chairman	Name:		□Chairman	Name:	
□Vice Chairman			□Vice Chairman		
□Director			Director		
□President			□ President		
□Vice President			□Vice President	· · · · · · · · · · · · · · · · · · ·	
□Secretary		☐Treasurer	☐ Secretary		☐Treasurer
□Other		Other	□Other		□Other
individuals may be	added to the	chment to report more than six (6). The index when filing your Florida Dep	partment of State Annual Re	eport form.	purposes only. Non-indexed
12	3CE487	Signature of Dire	ector or Officer		
The officer or direct she is aware that fars.817.155, F.S.	tor signing lse informa	this document (and who is listed in nation submitted in a document to the E	umber 11 above) affirms th Department of State constitu	at the facts stat tes a third degr	ted herein are true and that he or ree felony as provided for in
13. Paul Mart	in I	Director & COO			
	(1	Typed or printed name and capacity of	person signing application)	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MY TECHNOLOGY, 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-EIGHTH DAY OF JUNE, 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 "MY TECHNOLOGY, INC." WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 203825967

Date: 06-28-24

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