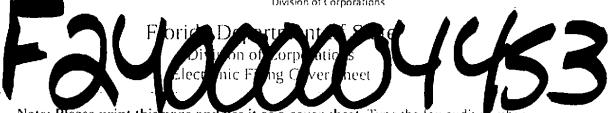
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the lax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

::Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION Investi Holdings, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

T. LEMBUX

AUG 2 3 2024 Help

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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.

1.	Investi Holdings	, Inc.					
		orporation: must include "INCORPORATED," "(orp." "Inc." "Co." or "Corp.")	JOMPANY," "CORPORATIO	N."			
(If name anavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	ig business in Florida)			
2.	Delaware3						
	(State or country under the law of which it is incorporated) (FEI mind			er, il applicable)			
4.	07/31/2024	5.					
•	(Date of incorporation)		(Date of duration, if other than perpetual)				
6 .							
		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502.		ity)			
7.8	0 State Street N	ew York NY 12207					
_		(Principal office s	treet address)				
8	80 State Street N	ew York NY 12207					
-		(Current mailing a	ldress, if differenti	***************************************			
8.	Name and <u>stree</u> Name:	<u>rt address</u> of Florida registered agent: (P.O. B Northwest Registered Agent LLC	ox <u>NOT</u> acceptable)	2024 AUG 22			
Office Address		7901 4th St N STE 300	_	522			
		St. Petersburg	33702 . Florida	MILL: 12 OF SETJAE			
		(City)	(Zip code)				
9.	Registered age	ent's acceptance:		12			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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.

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Fax: 8134365206

A. DIRECTORS								
FiChai:man	Bales, Justin	Γ Chairman	Name:					
ElVice Chairman	Address:	□Vice Chairman	Address:					
EDirector	80 State Street	Director						
President	New York NY 12207	Z. President						
□Vice President		□ Vice President						
	[2] Treasure:	[] Secretary		TiTreasurer				
EDOther	Other	∭Other		TiOther				
□Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□ Vice Chairman	Address:					
□iDirector		*** Director						
□Presidem		Z.Piesident						
□Vice President		□ Vice President						
□Secretary	☐ Treasurer	□ Secretary		□Treasurer				
□Other	Other	I.l 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 □	Cither		D 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. 12. Justin Bales Signature of Director of Officer								
The officer or dire	etor signing this document (and who is listed in nur	nber 11 above) affirms th	iat the facts star	ed herein are true and that he o				

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

DELAWARE, DO HEREBY CERTIFY "INVESTI HOLDINGS, 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-FIRST DAY OF AUGUST, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVESTI HOLDINGS, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2024.

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



Jeffrey W. Blyllock, Secretary of State

Authentication: 204212267