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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

**Enter the email address for this pusiness entity to be used for future

annual report mailings. Enter only one email address please.**

alex@caragerental.com Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION

Whipss Inc

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

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Help

(((H24000284773 3)))

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. Whipss Inc

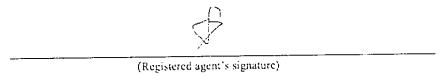
(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

If name unavail:	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Delaware	3.	99-3286481
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
05/28/2024	5.	Perpetual
•	of incorporation)	(Date of duration, if other than perpetual)
July 1, 2024		n Florida, if prior to registration)
611 Via De La I	Plata Cir. Delray Beach, FL 33484 (Principal off	ice street address)
Name and <u>stre</u> Name:	(Current main) t address of Florida registered agent: (P.0 Alcksei Konstantinov	ng address, if different) O. Box NOT acceptable)
1 - (11 11 10 1	5611 Via De La Plata Cir.	
fice Address:		
fice Address:	Delray Beach	, Florida 33484 (Zip code)

9. Registered agent's acceptance:

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.



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.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]: (((H24000284773 3)))

///H24000284773 3)))

((([12.	+0	UU	20	1	,	, ,	"

A. DIRECTORS	Aleksei Konstantinov	E]Chairman 1	Name:
∏Chairman	Name: 5611 Via De La Plata Cir		
∐Vice Chairman	Address:		Address:
[]Director	Deltay Deach. 1 5 55		
President		□President _	
□Vice President		OVice President	
☐Secretary	Treasurer	Secretary	☐ Treasurer
□Other	□Other	□Other	□Other
f]Chairman	Name:	[TChairman	Name:
□Vice Chairman	Address:	☐Vice Chairman	Address:
ClDirector		□Director	
□President		(IPresident	
[]Vice President		□Vice President	
□Secretary	Treasurer	(D)Secretary	☐T:easurer
[]Other		□Other	[]Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	El Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
□ Secretary	☐Treasure:	() Secretary	□Treasurer
Other	Other	ElOther	[]Other
individuals may b	Use an attachment to report more than six (6). To ge added to the index when filing your Florida De	partment of State Annual Ro	pon form.
12.	Signature of Dir	ector or Officer	
she is aware that s.817.155, F.S.	rector signing this document (and who is listed in false information submitted in a document to the	number 11 above) affirms th Department of State constitu	nat the facts stated herein are true and that he or ites a third degree felony as provided for in

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

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WHIPSS 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-SIXTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WHIPSS INC" WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2024.

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

Authentication: 204237206

Date: 08-26-24