F24000004988

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only) Oldies Elph Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

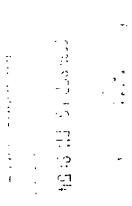
Office Use Only



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RECEIVED

SEP 1 6 2024



COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: DETASK C	n		
		n - must include suffix	
Dear Sir or Madam;			
"Certificate of Existence,"	n by Foreign Corporation for for "Certificate of Good Sta corporation to transact busin	nding" and check are subi	
Please return all correspor	dence concerning this matte	er to the following:	
Rodrigo T Costa			
	Name of	Person	
DeTask Co			
	Firm/Cor	npany	
11606 Boldface Dr			
	Add	ress	
Orlando / FL / 32832			
	City/State	and Zip code	
rodrigo@detask.io			
	E-mail address: (to be used	for future annual report n	otification)
For further information co	ncerning this matter, please	call:	
Rodrigo T Costa	at (819-3687	
Name of Person	Area Coo		none Number
STREET/COUR Registration Section Division of Corpo The Centre of Tal 2415 N. Monroe Stallahassee, FL 3	on rations lahassee street, Suite 810	MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	o: FLORIDA DEPARTMEN	T OF STATE □ \$78.75 Filing Fee & Certified Copy	☐ \$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.

L DETASK CO				
	corporation; must include "INCORPORATED." forp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION	ON."	
Dolowara	able in Florida, enter alternate corporate name ac		ting business in Florid	 la)
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
11606 Boldface I	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Dr. Orlando - FL - 32832	2, F.S., to determine penalty liab	oility)	
		e <u>street</u> address) address, if different)		
Name and street	et address of Florida registered agent: (P.O. Rodrigo T Costa	Box <u>NOT</u> acceptable)	2024 SEP	
ffice Address:	11606 Boldface Dr		: EB	7 7
		, Florida <u></u>	5	
laving been nam esignated in this urther agree to c	(City) ent's acceptance: ted as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and ag lative to the proper and comp	gree to act in this ca	pacity.
	Registered agent's sig			

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.

A. DIRECTORS: Rodrigo T Costa Name: Name: ____ Chairman □ Chairman 11606 Boldface Dr ☐ Vice Chairman Address: ___ □ Vice Chairman Address: _____ Orlando, FL - 32832 □ 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 Address: □ 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 Address: _____ ☐ Director □ Director □ President ☐ President □ Vice President □ Vice President ☐ Secretary □Treasurer ☐ Secretary Treasurer □ 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 may be added 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.

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

DELAWARE, DO HEREBY CERTIFY "DETASK CO." 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 NINTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DETASK CO." WAS INCORPORATED ON THE TENTH DAY OF APRIL, A.D. 2023.



Authentication: 204347796

Date: 09-09-24