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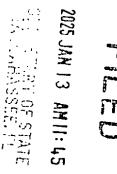
(Requestor's Name)				
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
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COVER LETTER

Division of Corporations		
SUBJECT: Jensa Ventures Inc.		
	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stanbove referenced foreign corporation to transact busing	anding" and check are submitted to register the	
Please return all correspondence concerning this matt	er to the following:	
Abisheg Elijah Chellappa		
Name o	of Person	
Jensa Ventures Inc.		
Firm/Co	mpany	
24834 Oakhaven Ct		
Add	Iress	
Lutz FL 33559		
City/State	and Zip code	
abishegelijah@elironadvisory.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
Abisheg Elijah Chellappa +1	484 787 8100	
Name of Person Area Co	de Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMEN \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

Jensa Ventures	Inc.		
(Enter name of o	corporation; must include "INCORPORATED Corp." "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	ON,"
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
15.1		87-1523580	
(State or count) 4. 06/21/2021	ry under the law of which it is incorporated) 5.	(FEI number, if a	pplicable)
	e of incorporation)	(Date of duration, if other than perpetual)	
7. 24834 Oakhaven	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 Ct Lutz FL 33559	n Florida, if prior to registration) 502, F.S., to determine penalty liabi	lity)
	(Principal off	ice <u>street</u> address)	
	(Current maili	ng address, if different)	
8. Name and street Name:	et address of Florida registered agent: (P.C Abisheg Elijah Chellappa	D. Box <u>NOT</u> acceptable)	
Office Address:	24834 Oakhaven Ct		2025 JAN 13
	Lutz	, Florida 33559	$\frac{1}{\omega}$
	(City)	(Zip code)	福司 畫 Ⅲ
uesignaiea in inis further agree to ci	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appoints comply with the provisions of all statutes r with and accept the obligations of my po	nent as registered agent and agr elative to the proper and comple	ee to act in this canacity. I
			
	(Registered agent's si	gnature)	

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]:

□Chairman	Abisheg Elijah Chellappa Name:	□ Chairman	Sharon Lawrence Name:		
□Vice Chairman	24834 Oakhaven Ct	□Vice Chairman	24834 Oakhaven Ct		
Director	Lutz FL 33559	□Director	Lutz FL 33559		
■ President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary	□Treasurer		
□Other	Other	□Other	□Other		
□Chairm a n	Name:	□Chairman	Name		
			Name:		
	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	□Other	Other		
Important Notice: Uindividuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	hment will be imaged at of State Annual Re	d for reporting purposes only. Non-indexed port form.		
12.	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.					
Abisheg Elijah Chellappa - President					
(Typed or printed name and capacity of person signing application)					

• A. DIRECTORS.

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "JENSA VENTURES 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 NINTH DAY OF DECEMBER, 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 "JENSA VENTURES INC" WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2021.

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

THE STATE OF THE S

Authentication: 205073589

Date: 12-09-24

6018379 8300

SR# 20244312445