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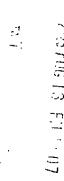
(Requestor's Name)				
, ,				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

•	tration Section ion of Corporations				
SUBJECT:	Integrated Projects Technological	ogy Inc.			
	Name	of corporation - n	nust include suffix		
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to t	e of Good Standin	g" and check are sub-	et Business in Florida," mitted to register the	
Please return	all correspondence concern	ing this matter to	the following:		
Siully Fernand	ех.				
		Name of Per	son		
Integrated Proj	ects Technology Inc.				
		Firm/Compar	ıy		
3919 Coastal I	Breeze Dr.				
		Address			
Kissimmee, Fl	. 34744				
_		City/State and 2	Zip code		
siully@integra					
	E-mail addres	s: (to be used for f	uture annual report n	otification)	
For further inf	formation concerning this n	natter, please call:			
Siully Fernand	ally Fernandez 407 729-6668				
Namo	c of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		0	Registration Solution of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following am eck payable to: FLORIDA D ng Fee	EPARTMENT OF ig Fee & \$7	STATE 78.75 Filing Fee & crtified 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.

(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of tennoseti	an hardana da Plantii A	
Delaware, USA		82-4815194	ig ousiness in Florida)	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
February 08, 20	<u>)23</u> 5.			
(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)	
N/A 				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1.1	n Florida, if prior to registration)		
222 N Walnut St	reet, 1st Floor, East Orange, N1 07017	302, F.S., to determine penalty habin	ty)	
		ice street address)		
50 Nepperhan S	treet, 2201Yonkers, NY 10701	,		
	(Current mailir	ng address, if different)		
Name and street	at address of Classide and in the second	D. Nom		
	et address of Florida registered agent: (P.C Siully Fernandez	J. Box <u>NOT</u> acceptable)		
Name:			2021	
Office Address:	3919 Coastal Breeze Dr.	-	AU	
	Kissimmee	, Florida 34744	2025 AUG 14	
	(City)	(Zip code)	P I	
				

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.

(Registered agent's signature)

A. DIRECTORS	•		
□Chairman	Jose Cruz Jr. Name:	□ Chairman	Name:
□Vice Chairman	Address: 50 Nepperhan Street, 2201	□Vice Chairman	Address:
Director	Yonkers, NY 10701	■Director	Kissimmee, FL 34744
■President		□President	
□Vice President		□Vice President	
☐Secretary	☐Treasurer	☐ Secretary	□Treasurer
■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	□Other	Other
Important Notice: Usindividuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department	schment will be image ent of State Annual Ro	d for reporting purposes only. Non-indexed eport form.
	Signature of Director	or Officer	
she is aware that fall s.817.155, F.S.	for signing this document (and who is listed in numbers information submitted in a document to the Department Director of Operations	er 11 above) affirms th tment of State constitu	at the facts stated herein are true and that he or stes a third degree felony as provided for in

Page 1

Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "INTEGRATED PROJECTS 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 TWELFTH DAY OF

AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTEGRATED PROJECTS TECHNOLOGY INC." WAS INCORPORATED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2023.

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204453360

C. G. Sanchez

Date: 08-12-25

7284917 8300 SR# 20253645637