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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

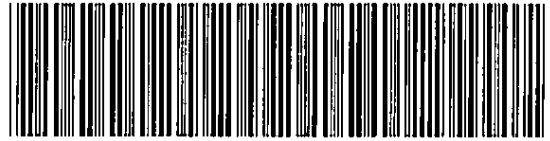
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE

T. LEMIEUX

JUN 19 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safety Net Corporation

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anthony Rinaldi

Name of Person

Safety Net Corporation PBA Fibertechs

Firm/Company

986 Edwards Rd #14

Address

Parsippany NJ 07054

City/State and Zip code

admin@fibertechs.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Rinaldi

Name of Person

at (973)

Area Code

979 7614

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.

1. Safety Net Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Fibertechs
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Jersey 3. 22-3117373
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/6/91 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 1, 2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 986 Edwards Rd #14 Parsippany NJ 07054
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Anthony Rinaldi

Office Address: 701 S Howard Ave #102
Tampa, Florida 33602
(City) (Zip code)

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OFFICE

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.

Anthony Rinaldi
(Registered agent's signature)

Anthony Rinaldi, Treasurer/CEO

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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Matthew Rinaldi

Address: 701 S Howard Ave. #102, Tampa FL 33606

Director: _____

Address: _____

B. OFFICERS

President: Jennifer Rinaldi

Address: 606 Beardsley Austin TX

Vice President: _____

Address: _____

Secretary: Jennifer Rinaldi

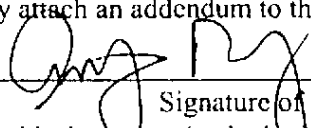
Address: 606 Beardsley Austin TX

Treasurer: CEO Anthony Rinaldi

Address: 606 Beardsley Austin TX

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

13. Anthony Rinaldi, Treasurer & CEO

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

SAFETY NET CORPORATION
0100492834

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 06, 1991.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JENNIFER RINALDI
986 EDWARDS RD STE 14
PARSIPPANY, NJ 07054-4295

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on June 05, 2024.

PRESIDENT	JENNIFER L RINALDI 986 Edwards Rd Suite 14 Parsippany, NJ 07654
CHIEF EXEC. OFFICER (CEO)	Anthony Rinaldi 986 Edwards Rd #14 Parsippany, NJ 07654
DIRECTORS	Matthew Rinaldi 701 S Howard Ave #102 Tampa, FL 33606