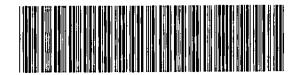
## F2500000090

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomess Limit, Tarret,
(Document Number)
Certified Copies Certificates of Status
certified copies
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## **COVER LETTER**

Division of Corporations
SUBJECT: Psy Sense, Inc.
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:
Andrew Dilanchian Name of Person
Name of Person
Psysense, Inc.
3773 Four Daks Blvd.
Address
Tallahassee, FL 32311 City/State and Zip code
City/State and Zip code
andrew@psysense.co
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Dilanchian at (954) 439 - 0716  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee P.O. Box 6327 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 DEPARTMENT OF STATE  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

## - 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.

Psysense, Inc.					
(Enter name of "Inc" "Co" "C	corporation; must include "INCOR forp." "Inc." "Co." or "Corp.")	PORATED," "CO	OMPANY," "CORPORATIO	N,"	-
(If name unavai	able in Florida, enter alternate cor	norate name adopt	ed for the nurpose of transaction	ag husinass in Florida	_
Dala					
(State or count	ry under the law of which it is inco				-
08/1	4/2024	5			_
$\frac{O8/14/2024}{\text{(Date of incorporation)}}$ 5.			(Date of duration, if other	than perpetual)	-
	(Date first transacte	ed business in Flori	da, if prior to registration)		-
11110	(SEE SECTIONS 607.15	501 & 607.1502, F	S., to determine penalty liabili	ity)	
71776	South Gover			Dover, DE	. 19
	(1	Principal office <u>str</u>	eet address)		
	(C	urrent mailing add	ress, if different)		
				2025 JAN	
Name and stre	et address of Florida registered			至	-11
Name:	Corporation S	service (	iompany	7,8% 0	-
ffice Address:	1201 Hays S	St		SE P	FILED
11100 / 1441 055.			22261	2: 16 2008	
11100 / 1441 033	Tallahassee		Florida 54501	13 1	

Alicia Irizarry Alicia Irizarry, Assistant Secretary

(Registered agent's signature)

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								
Chairman	Name: Andrew Dilanchian	□Chairman	Name: Dorota Kossowska-Kul					
□Vice Chairman	Address: 3773 Four Daks Bloom	□Vice Chairman	Address: 4943 Shannon					
Director	Tallahassee, FL	Director	Lakes Drive East					
President	32311	□President	Tallahassee FL					
UVice President		□Vice President	32309					
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	Fig. C. M.					
□Secretary	□Treasurer	☐ Secretary	□Treasurer 2					
Other		□Other	□Treasurer 2:					
Chairman	Name:	□Chairman	Name:					
□ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
President		□President						
□Vice President		□Vice President	<del></del>					
☐ Secretary	Treasurcr	□Secretary	□Treasurer					
Other	Other	Other	□Other					
intooriant 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.								
13. Andrew Dilanchian								

Page 1

## Delaware The First State

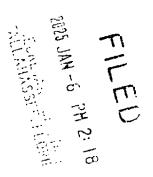
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PSYSENSE, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2024.





Authentication: 205139125

Date: 12-16-24