Phrida Department of State Division of Corporations Lilectronic Filting Cover Shert

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN Certific Certific Certific

FOREIGN PROFIT/NONPROFIT CORPORATION Protorch Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
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K. SALY

FEB 2 0 2025

Feb 19, 2025 12:30 , To: +18506176383 Page: 2/4 Fex: 18134365206

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTÉS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l. PROTorch	Inc.					
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
(If pame un	navailable in Florida, enter alternate corporate name adopt	ed for the purpose of transacting business in Florida)				
co						
2. (State or o	ountry under the law of which it is incorporated)	(FEI number, if applicable)				
08/17/2019	08/17/2019					
4	(Date of incorporation) 5. (Date of duration, if other than perpetual)					
4						
6	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F					
7 7901 4th St	N STE 300 St. Petersburg FL 33702					
·,	(Principal office str	eet address)				
7901 4th St	N STE 300 St. Petersburg FL 33702	当 第 五				
	(Current mailing add	ress, if different)				
		10 T				
8. Name and	street address of Florida registered agent: (P.O. Box	(NOT acceptable)				
Nam	Registered Agents Inc					
Office Addre	7901 4th St N STE 300	NOT acceptable)				
,		, Florida 33702 (Zip code)				
	(City)	(Zip code)				
Having been designated in further agree	this application, I hereby accept the appointment of	process for the above stated corporation at the place as registered agent and agree to act in this capacity. I e to the proper and complete performance of my duties, as registered agent.				
	(Registered agent's signatu	re)				

^{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.

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A. DIRECTORS					
Chainnan	Russo, Luigi	□Chairman	Russo, Aurelle		
□Vice Chairman	Address:	□Vice Chairman	Address:		
☑Director	7901 4th St N STE 300	☑Director	7901 4th St N STE 300		
President	St. Petersburg FL 33702	□President	St. Petersburg FL 33702		
□Vice President		□ Vice President	·		
☐ Secretary	☑Treasurer	☑ Secretary	Treasurer		
□Other	Other	Other	Other		
□ Chairman	Name:	□Chairman	Name:		
			Addition		
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: 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. 12. Signature of Director or Officer					
The officer or direct	the ciming this document (and who is listed in number	11 above) affirms the	at the facts stated herein are true and that he or		

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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OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Protorch Inc.

is a

Corporation

formed or registered on 08/17/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191655167.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/14/2025 that have been posted, and by documents delivered to this office electronically through 02/18/2025 @ 15:25:34.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/18/2025 @ 15:25:34 in accordance with applicable law. This certificate is assigned Confirmation Number 17010228



Jena Musicall

Secretary of State of the State of Colorado

******************End of Certificate***

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the Issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."