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(Requ	estor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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2023 HAR -7 AM 3: 07

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Dynabyte Tech, Inc.			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o		of Good Stand	authorization to Transact Bu ling" and check are submitte s in Florida.	
Please return	all correspondence concerni	ing this matter	to the following:	
Abby Riegler				
		Name of P	erson	
Thorelli & Ass	sociates			
		Firm/Comp	pany	
70 W. Madisor	n St., Suite 5750			
		Addre	SS	
Chicago, IL 60	0602			
		City/State an	d Zip code	· · · · · · · · · · · · · · · · · · ·
abby@thorelli				
	E-mail address	s; (to be used fo	or future annual report notifi	cation)
For further in	formation concerning this n	natter, please ca	ill:	
Abby Riegler		at (357-0300	
Nam	e of Person	Area Code	Daytime Telephone	Number
Regis Divis The C 2415	EET/COURIER ADDRES stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	n rations
	check for the following amoreck payable to: FLORIDA Ding Fee	EPARTMENT g Fee & 💮 🗏		\$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.

Dynabyte Tech.	Inc.			
	orporation; must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	business in Florida)	
Delaware 2.	3			
(State or count)	y under the law of which it is incorporated)	(FEI number, if appl	icable)	
4. 02/27/2023	of incorporation)			
(Date	of incorporation)	(Date of duration, if other the	an perpetual)	
6			<u> </u>	
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7 150 N. Michigan	Ave, Suite 1950, Chicago, IL 60601			
, ,	(Principal of	fice <u>street</u> address)		
	(Current mail	ing address, if different)		
0.35		O D - MOT II A	, <u>~</u>	
8. Name and <u>stre</u>	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2023 HAR - 7	
Name:	Corporation Service Company		HAR	
Office Address:	1201 Hays Street			
•	Tallahassee	, Florida 32301 (Zip code)	AH 3: 07	
	(City)	(Zip code)	🚆 ် ယ္ 📞	
9 Registered ag	ent's acceptance:		0 7	
Having been nan designated in this further agree to c	ned as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes with and accept the obligations of my p	tment as registered agent and agree relative to the proper and complete	to act in this capacity. T	
_	Welissa Clarke, Melissa Clarke, (Registered agent's		_	

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:	□Chaimian	Name:		
□ Vice Chairman	Torsgatan 26 Address:	□Vice Chairman	Address:		
Director	F1321 Stockholm	Director	Suite 5750		
President	Sweden	□President	Chicago, IL 60602		
□ Vice President		□Vice President			
☐ Secretary	□Treasurer	■ Secretary	Treasurer		
□Other	Other	□Other			
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Torsgatan 26 Address:	□Vice Chairman	Address:		
□Director	11321 Stockholm	□Director			
□President	Sweden	□President	- 1		
□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		
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 director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of 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. Thomas H. Thorelli - Secretary

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "DYNABYTE TECH, 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D.

Authentication: 202800185

Date: 02-28-23

7319046 8300 SR# 20230744533

2023.