

F2100000 6300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

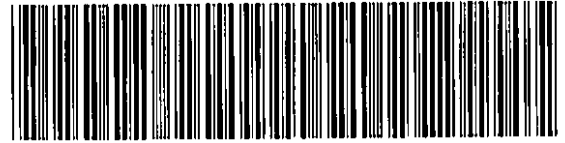
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700374985767

11/01/21--01006--007 \*\*78.75

STATE OF MICHIGAN  
DEPARTMENT OF TREASURY  
DIVISION OF REVENUE  
21 NOV -1 PM 2:42

FILED

2021 NOV -1 PM 12:16

RECEIVED

T. LEMIEUX

NOV -2 2021

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 11/1 DANNY

- XX** CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- XX** FILING FOREIGN INC \_\_\_\_\_

- 1. **SEANDSALT CORPORATION**  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
- 2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
- 3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
- 4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
- 5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
- 6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. SEANDSALT CORPORATION  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-19-2021 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 499 NE Spanish River Blvd., Boca Raton, FL 33431  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Registered Agents Inc.  
Office Address: 7901 4th St N Ste 300  
St. Petersburg, Florida 33702  
(City) (Zip code)

FILED  
21 NOV - 1 PM 2:22  
TALLAHASSEE, FLORIDA

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.*



\_\_\_\_\_  
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Amir Sofer

Vice Chairman Address: 499 NE Spanish River Blvd.

Director Boca Raton, FL 33431

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Jeffrey Bohicchio

Vice Chairman Address: 499 NE Spanish River Blvd.

Director Boca Raton, FL 33431

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Shane Fox

Vice Chairman Address: 499 NE Spanish River Blvd.

Director Boca Raton, FL 33431

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Hannan Noyman

Vice Chairman Address: 499 NE Spanish River Blvd.

Director Boca Raton, FL 33431

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

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. Amir Sofer \_\_\_\_\_ 10/29/2021  
 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. Amir Sofer, President  
 (Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEANDSALT CORPORATION" 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-NINTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEANDSALT CORPORATION" WAS INCORPORATED ON THE NINETEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6097048 8300

SR# 20213657340

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W Bullock, Secretary of State" is printed in a small font.

Authentication: 204552663

Date: 10-29-21