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COVER LETTER

_	stration Section sion of Corporations					
SUBJECT:	ADWORLD MEDIA CO	RP				
		ne of corporation	ı - must include suffix			
Dear Sir or N	dadam:					
"Certificate of	I "Application by Foreign of Existence," or "Certific need foreign corporation t	ate of Good Star	nding" and check are sub			
Please return	all correspondence conce	erning this matter	r to the following:			
WILLIAM D.	ALVAREZ					
		Name of	Person			
ADWORLD (MEDIA CORP					
		Firm/Con	apany			
2641 E. ATLA	ANTIC BLVD, SUITE 302					
		Addr	ess			
POMPANO E	BEACH, FL 33062					
		City/State a	nd Zip code			
ADMIN@PC	IACCOUNTING.COM					
	E-mail addr	ess: (to be used	for future annual report i	notification)		
For further in	nformation concerning this	s matter, please o	call:			
WILLIAM D. ALVAREZ 954 789			789-7086	-7086 Daytime Telephone Number		
Nan	ne of Person	Area Cod	e Daytime Telep	shone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	-	DEPARTMENT	*OF STATE 3 \$78.75 Filing Fee & Certified Copy	S87.50 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.

ADWORLD M	EDIA CORP.					
	corporation; must include "INCORPORATEI forp," "Inc," "Co," or "Corp."))." "(COMPANY," "CORPORATIO	",NC		
(If name unavail	able in Florida, enter alternate corporate nam	e ado	oted for the purpose of transact	ing business in Florida)		
2. NEW YORK			20-3701635			
(State or country under the law of which it is incorporated						
(Date of incorporation)			(Date of duration, if other than perpetual)			
6						
7. ²⁶⁴¹ E. ATLAN	(Date first transacted business (SEE SECTIONS 607.1501 & 607. TIC BLVD, SUITE 302			ility) 180		
	(Principal o	ffice s	treet address)			
POMPANO BEACH, FL 33062				- : : · · · · · · · · · · · · · · · · ·		
8. Name and stree	(Current mail et address of Florida registered agent: (P PINNACLE COMPUTATION, INC.	•	ldress, if different) ox <u>NOT</u> acceptable)	M 10 23		
Office Address:	2641 E. ATLANTIC BLVD, SUITE 302		_			
	POMPANO BEACH		Florida			
	(City)		(Zip code)			

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.

A: DIRECTORS WILLIAM D. ALVAREZ □ Chairman Name: ______ □ Chairman Name: 5600 COLLINS AVE # 12T □ Vice Chairman □ Vice Chairman Address: Address: MIAMI BEACH, FL 33140 Director □ Director President □ President ☐ Vice President ☐ Vice President □ Treasurer □ Secretary □Treasurer ☐ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ □ Chairman Name: □ Chairman Address: ______ □Vice Chairman Address: □ Vice Chairman □Director □ Director President □President □Vice President _____ □ Vice President □Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other _____ Other _____ Other _____ □Other ____ □ Chairman □ Chairman Name: _____ 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. 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.

WILLIAM D. ALVAREZ

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

ADWORLD MEDIA CORP.

DOS 1D Number:

3265287

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

10/05/2005

Statement Status:

PAST DUE DATE

Statement Due Date:

10/31/2007

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 21, 2021 at 11:17 A.M.

ROSSANA ROSADO, Secretary of State

Brandon C Hydro

By Brendan C. Hughes Executive Deputy Secretary of State

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