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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BERGER SINGERMAN LLP, FT.LAUDERDALE

Account Number : 120020000154 Phone : (954)525-9900 Fax Number : (954)523-2872

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

Email Address:___robert@24slides.com

FOREIGN PROFIT/NONPROFIT CORPORATION 24SLIDES US INC.

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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.

| "[nc.," "Co.," "Co | rporation; must include "INCORPORATED," " irp," "Inc," "Co," or "Corp.") | | | |
|--------------------|--|--|----------------|---------------|
| (If name unavaila | ble in Florida, enter alternate corporate name add | | iness in Flori | da) |
| DELAWARE | 3. <u></u> | 2-0663094 | | |
| (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | | |
| AUGUST 13, 20 | ²²¹ 5 5 | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | |
| 2385 NW EXECU | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 FTIVE CENTER DRIVE, SUITE 100, BOCA R. (Principal office | , F.S., to determine penalty liability) ATON, FL 33431 | | 2021 NOV 24 1 |
| Name and street | (Current mailing a | address, if different) Box NOT acceptable) | ω. Ω.Ω | 문 나: Sh |
| Name: | OF. Boca, Inc. | · | | |
| ffice Address: | 2385 NW EXECUTIVE CENTER DR, STE I | 00 | | |
| | BOCA RATON | , 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.

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

| 24-2021 1:13 PM | 19547753515 | → 18506176383 | | ŀ | 1g 4 of 5 |
|------------------------------|--------------------------------------|-----------------|----------|-------------|-----------|
| (((H21000432 A. DIRECTORS | • • | | | | |
| Chairman | Name: ROBERT JUUL GLAESEL | □ Chairman | Name: | | |
| □Vice Chairman | Address: 2385 NW EXECUTIVE CENTER DR | □ Vice Chairman | Address: | | |
| Director | SUITE 100 | □Director | | | |
| ⊠ President | BOCA RATON, FL 33431 | □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 | | | <u></u> |
| ☐ Secretary | □Treasurer | ☐ Secretary | | ☐ Treasure | |
| Other | | □Other | <u></u> | DOther N | درالي |
| | | | | 2 | |
| □Chairman | Name: | □Chairman | Nume: | -15- | 2 11 |
| □Vice Chairman | Address: | □Vice Chairman | Address: | ्राक्त स | 0 |
| Director | | Director | | | |
| □President | | □President | | | |
| □Vice President | | □Vice President | | | |
| Secretary | □Treasurer | □ Secretary | | Treasurer | |
| □Other | | □ Othei | | ☐ Other | |

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 4.817.155, F.S.

ROBERT JUUL GLAESEL, PRESIDENT

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "24SLIDES US 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-SECOND DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "24SLIDES US INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2021.

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



6163661 8300 SR# 20213862072



Authentication: 204755161

Date: 11-22-21