# F2210003820

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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S. FRANKLIN
JUN 1 9 2022

#### **COVER LETTER**

TO:	-	ation Section of Corpor						
SHBJ	ECT: S	EED LEAF	INC.					
5525			Name	of corpora	ion - mu	ist include suffix		
Dear S	Sir or Mad	lam:						
"Certi	ficate of E	Existence,"		e of Good S	tanding	orization to Transa `and check are sub Florida.		
Please	return all	correspone	dence conceri	ning this ma	tter to th	e following:		
L FER	RELL							
				Name	of Perso	on	_	
HARB	OR COMI	PLIANCE						2027
				Firm/C	Company			<del></del>
1830 C	COLONIAI	L VILLAGE	LN					1/2 1
				A	ldress			>
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				City/Sta	e and Zi	p code		 ⊃ Ω
PROF	ESSIONAI		RCOMPLIAN					Ç/I
			E-mail addres	ss: (to be us	ed for fu	ture annual report r	notification)	
For fu	ther infor	mation cor	cerning this	matter, plea	se call:			
HARB	OR COMI	PLIANCE		at (	)	59-9173		
	Name o	of Person		Area (	Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please		k payable to	following and FLORIDA II S78.75 Fili Certificate	DEPARTME	□ \$78	STATE .75 Filing Fee & tified Copy	□ \$87.50 F Certifica Certified	te of Status &

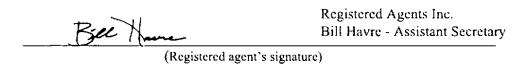
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

I. SEED LEAF IN					
	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D,''	"COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate nam	ne ad	opted for the purpose of transacting bu	usiness in Florida)	
DE 2.	3	3. 8	1-4838350		
(State or countr	y under the law of which it is incorporated)	_	(FEI number, if applic	able)	
12/05/2016	5	5. P	ERPETUAL		
	of incorporation)	_	(Date of duration, if other than perpetual)		
í.					
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.		Florida, if prior to registration) 2, F.S., to determine penalty liability)		
, 110 Wall St. Fl 6,	Ste 6012, New York, NY 10005				
•		ffice	street address)	2	
1288 Coney Islan	id Ave, PO Box 301134, Brooklyn, NY 1123	30		022	
	(Current mail	ling	address, if different)	2022     - 1	
8. Name and stree	et address of Florida registered agent: (P	.O.	Box NOT acceptable)		
Name:	Registered Agents Inc.			AH 10: 05	
Office Address:	7901 4th St N STE 300		_	ភូទ	
	St. Petersburg		, Florida 33702		
	(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.



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	JOSEPH LACKMAN Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	New York, NY 10005	□Director					
President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
Other	Other	Other	Other				
□Chairman	BRIAN PIZZITOLA	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	New York, NY 10005	□Director					
□President		□President					
■ Vice President		□Vice President					
Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	□Other	□Other	Other []				
<b>■</b> Chairman	Name:	□Chairman	Name:				
	440 MUII OLELO OLE 0040	□Vice Chairman	Address:				
□ Director	Address: New York, NY 10005	□ Director	- 3 - 3				
□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. /s/ Brian Pizzitola  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.

, BRIAN PIZZITOLA, VICE PRESIDENT

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SEED LEAF 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-SIXTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEED LEAF INC."

WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 2016.

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

2077 (16.5 m) Hill III (16.5 )



Authentication: 203532093

Date: 05-26-22