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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107 : (561)214-8442

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

## FOREIGN PROFIT/NONPROFIT CORPORATION Supplying DEmand, Inc.

Certificate of Status	1
Certified Copy	1
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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

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"
(If name unavai	lable in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	ng business in Florida)
Delaware	3. 83-2918150		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
12/18/2018	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
12/02/19			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
4077 Redwood /	(31.6. 31.6 (10.08 607.130) & 607.130. Avenue, Los Angeles, CA, 90066	z, r.s., to determine penary habin	ну)
<del>-</del>	(Principal office	street address)	<del></del>
	` '		
<del></del>	(Current mailing	address, if different)	2
			1022 OCT LEGGST FALCASI
Name and stre	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	그 점심 구 그
Name:	NRAI Services, Inc.		القرير في ال
ffice Address:	1200 South Pine Island Road		PH 12:
	Plantation		75. 12. 0
	(City)	, Florida (Zip code)	ATT N
	V = · • /	(-2.5 2000)	

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.

NRAI Services, Inc.

By: Katty Vicasa Assistant Secretary
(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: Michael Cessario	□ Chairman	Name:			
□Vice Chairman	Address: c/o Supplying Demand, Inc.	□ Vice Chairman	Address: c/o Supplying Demand, Inc.			
<b>■</b> Director	4077 Redwood Avenue	Director	4077 Redwood Avenue			
■President	Los Angeles, CA 90066	President	Los Angeles, CA 90066			
□ Vice President		□ Vice President				
■ Secretary	□Treasurer	Secretary	☐ Treasurer			
Other CEO	□Other	□Other	□Other			
	Michael W.					
□ Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address: c/o Supplying Demand, Inc.			
Director	4077 Redwood Avenue	■ Director	4077 Redwood Avenue			
□President	Los Angeles, CA 90066	□President	Los Angeles, CA 90066			
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Sceretary	☐Treasurer			
□Other	Other	Other	Other			
	Nipholas Masolelia					
□Chairman	Name: Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:c/o Supplying Demand, Inc.			
□Director	4077 Redwood Avenue	□Director	4077 Redwood Avenue			
□President	Los Angeles, CA 90066	President	Los Angeles, CA 90066			
□ Vice President		□Vice President	<del></del>			
[]Secretary	☐ Treasurer	□Secretary	□Treasurer			
Other CFO	Other	Other COO	Other			
Important Notice: Individuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departme	chment will be imaged nt of State Annual Re	d for reporting purposes only. Non-indexed port form.			
12. Michael (	essario					
Signature of Director or Officer						
The officer or direction is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number lise information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in			
13. Michael Cess	ario, Chief Executive Officer					
(Typed or printed name and capacity of person signing application)						

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SUPPLYING DEMAND, 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 SIXTEENTH DAY OF SEPTEMBER, 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 "SUPPLYING DEMAND, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2018.

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

Authentication: 204408252

Date: 09-16-22

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