F17000001142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S Warren
MAR 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stretch Out Studios, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lawrence W. Andrea, Esq.
Name of Person

Stretch Out Studios, Inc.
Firm/Company

132B Water Street
Address

Norwalk, CT 06854
City/State and Zip code

lwandrea@stretchoutstudios.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence W. Andrea at (860) 995-3557
Name of Person — Area Code — Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ■ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 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.

1. STRETCH OUT STUDIOS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")

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

2. Delaware
(State or country under the law of which it is incorporated)

3. 81-2618156
(FEI number, if applicable)

4. May 4, 2016
(Date of incorporation)

5. perpetual
(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. 4700 NW Boca Raton Blvd, Suite 101, Boca Raton, FL 33431
(Principal office address)

_____
(Current mailing address, if different)

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

Name: Beverly LaTorra

Office Address: 4700 NW 2nd Avenue, Suite 101

Boca Raton (City), Florida 33431 (Zip code)

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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.

Beverly LaTorra
(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Geoff Schneider

Address: 16 Hearthstone Lane
Wilton, CT 06897

Vice Chairman: Stefan Matte

Address: 117 Avon Street
Malden, MA 02148

Director: Brent Borland

Address: 333 E 14th St Apt 14F
New York NY 10003-4214

Director: Rob Parillo

Address: 11 Highland Drive
Kingston MA 02364

B. OFFICERS

President: Rob Parillo

Address: 11 Highland Drive
Kingston, MA 02364

Vice President: Stefan Matte

Address: 117 Avon Street
Malden, MA 02148

Secretary: Geoff Schneider

Address: 16 Hearthstone Lane, Wilton, CT 06897

Treasurer: Geoff Schneider

Address: 16 Hearthstone Lane, Wilton, CT 06897

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. x _____
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.

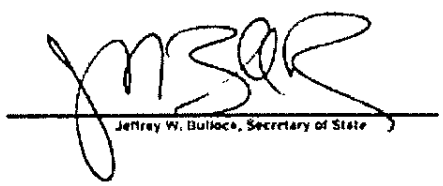
13. Geoff Schneider, Chief Operating Officer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRETCH OUT STUDIOS, 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 TENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRETCH OUT STUDIOS, INC." WAS INCORPORATED ON THE FOURTH DAY OF MAY, A.D. 2016.



6033119 8300

SR# 20170137842

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201844103

Date: 01-10-17