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(Re	questor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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MAR 21 2017 S. YOUNG TO NAR 17 PH 12: 24

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ	Myght, Inc.					
SUD		me of corporation	- must include suffix			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certificate referenced foreign corporation	cate of Good Star	nding" and check are sub	ct Business in Florida," emitted to register the		
	return all correspondence conc Valdez	erning this matte	r to the following:			
		Name of	Person			
Myght	, Inc.			انج مد		
		Firm/Con	npany			
222 Bi	222 Broadway 19th Floor					
		Addı	ess			
New Y	ork, NY 10038			MAR 17 PH 12: 24		
		City/State a	and Zip code	· ·		
javier(@myght.com			12		
	E-mail add	lress: (to be used	for future annual report	notification)		
For fu	rther information concerning th	is matter, please	call:			
Javier	Valdez	646	7259970			
	Name of Person	at (Area Coo	de Daytime Telep	hone Number		
	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	÷	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7		
Enclo	sed is a check for the following	amount:				
Ø \$7		Filing Fee & 1 ate of Status	■ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MYGHT INC. was filed on 10/27/2015, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



SEL MINSSEE FROM DATE 24

* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of February two thousand and seventeen.

(D)

Brendan W. Fitzgerald Executive Deputy Secretary of State

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.

	in Florida, enter alternate corporate name a	dopted for the purpose of transacting busin	ness in Florida)
New York State	3,	3. <u>6/-/78046</u> \ (FEI number, if applicable)	
(State or country us 10/27/2015			
(Date of	incorporation)	(Date of duration, if other than po	erpetual)
NA			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration)	
222 Broadway 19th	Fl New York, NY 10038	602, F.S., to determine penalty liability)	***
-		oal office address)	
	(i incip	ar office address)	HAR
	(Current mailir	ng address, if different)	
			P
Name and street	address of Florida registered agent: (P.C	D. Box NOT acceptable)	PH 12: 21
Name:	URS Agents, LLC	····	24
ffice Address:	3458 Laheshore Driv Tallahassee (City)	<u>v e </u>	
	Tallahassee	, Florida _ 32317	
	(City)	(Zip code)	
lesignated in this d urther agree to co	nt's acceptance: ad as registered agent and to accept serve application, I hereby accept the appoint amply with the provisions of all statutes a amiliar with and accept the obligations of URS Agents, LLC	ment as registered agent and agree to (relative to the proper and complete per	act in this capa
	a and Rod Am	V Purdy Assistant Sagara	
	By: Army Proby Am	7 1 4107, Assistant Secretary	

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: Javier Valdez Address: 222 Broadway 19th FI NY, NY 10038 Vice Chairman: NA Address: _______ Director: NA Address: **B. OFFICERS** President: Jane! Valdez Address: 222 Broadway 19th FI NY, NY 1238 Vice President: NA Treasurer: _ N A NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Javier Valdez, CED (Typed or printed name and capacity of person signing application)