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| (Re                     | questor's Name)    |           |
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| (C:h                    | - /Ch-h- [7]:-  Dh | 40        |
| (Cit                    | y/State/Zip/Phone  | · #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
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| (Bu                     | siness Entity Nam  | ne)       |
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| (Uo                     | cument Number)     |           |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
| opecial instructions to | r imig Omcer.      |           |
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#### **COVER LETTER**

| Division of Co  |  |   |  |  |
|---|--|---|--|--|
| SUBJECT: Cinder St  | udio Inc.                                  |   |  |  |
|   |  | rporation   | - must include suffix  |  |
| Dear Sir or Madam:  |  |   |  |  |
| The enclosed "Applicate "Certificate of Existence above referenced foreign  | e." or "Certificate of C                   | lood Stan   | ding" and check are sub  | omitted to register the                                    |
| Please return all correspondence concerning this matter to the following:  Ryan Hornberger  |  |   | 2019 APR<br>SEURETALLAHA   |  |
| Kyan Horniceger   |  | Name of F   | Person   | S/R/ 6 T   |
| Cinder Studio Inc.  |  |   |  | The R M  |
| Firm/Company  |  | 2: 08   |  |  |
| 101 Marketside Ave., Sui  | 101 Marketside Ave., Suite 404-307         |   | DE 8   |  |
|   |  | Addre.  | 88   |  |
| Ponte Vedra, FL 32081   |  |   |  |  |
|   | Cit  | y/State an  | d Zip code   |  |
| rvan@cinder.studio  |  |   |  |  |
|   | E-mail address: (to                        | be used for                                       | or future annual report i  | notification)  |
| For further information   | concerning this matter                     | , please c  | all:   |  |
| Ryan Hornberger   | at (                                       | )()-I   | ) 395-5855   |  |
| Name of Perso   |  | Area Code   | Daytime Telep  | hone Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  | Registration S<br>Division of Co<br>P.O. Box 6327 | 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<br>Certificate of Sta |   | \$78.75 Filing Fee &<br>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.

| [ Cinder Studio Ir  | nc.  |   |             |             |
|---|--|---|-------------|-------------|
|   | orporation; must include "INCORPORATED," forp, ""Inc," "Co," or "Corp,")                       | "COMPANY," "CORPORATION.                | •           |             |
| (If name unavail  | able in Florida, enter alternate corporate name a  | adopted for the purpose of transacting  | business in | Florida)    |
| 2. Wyoming  | ·  | , , , ,                                 | ,           | ,           |
|   | Wyoming 3. 82-5084228 (State or country under the law of which it is incorporated) (FEI number |   | olicable)   |             |
| 4. 04/05/2018   | 5.   |   | TAI SI      | <u>၁</u>    |
| (Date   | of incorporation)  | (Date of duration, if other t           |             | (a)         |
| 6. 03/11/2019   |  |   | 表式で         | Ö           |
|   | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15                             |   | v)E 0       | <b>~</b> ∵∵ |
| 7-101 Marketside A  |  | , | (FEG. 5)    | 2. D        |
| 7, 101 Marketside Ave., Suite 404-307, Ponte Vedra, FL, 32081  (Principal office address) |  | al office address)                      | FLORIDA     | <br>D       |
|   | (Current mailin  | g address, if different)                | ·           |             |
| 8. Name and stree   | et address of Florida registered agent: (P.C   | ). Box <u>NOT</u> acceptable)           |             |             |
| Name:   | Ryan Hornberger  | <u>.</u>                                |             |             |
| Office Address:   | 101 Marketside Ave., Suite 404-307   |   |             |             |
|   | Ponte Vedra  | , Florida <u>32081</u>                  |             |             |
|   | (City)   | (Zip code)                              |             |             |
| 9. Registered ago   | ent'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.

| A. DIRECTORS  |                                |
|---|--------------------------------|
| Chairman: Ryan Hornberger   |                                |
| Address: 101 Marketside Aye., Suite 404-307   |                                |
| Ponte Vedra, Fl 32081   |                                |
| Vice Chairman: n/a  |                                |
| Address:  |                                |
|   |                                |
| Director: n/a   | <u> </u>                       |
| Address:  |                                |
|   | 2019<br>SEC<br>TALL            |
| Director: n/a   | AR P                           |
| Address:  | SE -9                          |
|   | P III                          |
| B. OFFICERS   | )<br>12: 08<br>STATE<br>LORIDA |
| President: Ryan Hornberger  |                                |
| Address: 101 Marketside Ave., Suite 404-307   |                                |
| Ponte Vedra, FL 32081   |                                |
| Vice President: n/a   | 4-4-                           |
| Address:  | ·                              |
|   |                                |
| Secretary: n/a  |                                |
| Address:  |                                |
| Treasurer: n/a  |                                |
| Address:  |                                |
| NOTE: If necessary, you may apuch an addendum to the application listing additional c   | officers and/or directors.     |
| 12.   |                                |
| Signature of Director or Officer D  The officer or director signing this document (and who is listed in number 11 above) affi are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S. |                                |
| 13. Ryan Hornberger, President  |                                |
| (Typed or printed name and capacity of person signing application   | on)                            |

11. Names and business addresses of officers and/or directors:

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

Cinder Studio Inc.

is a

### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **April 5, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000797126**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of April, 2019 at 11:04 AM. This certificate is assigned 030610010.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.