(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporation	pus		
SUBJECT: LOOPME	Inc.		
	Name of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp. Please return all corresponden	"Certificate of Good St oration to transact busi	anding" and check are so ness in Florida.	
Kim Sanders			
D'Aquila and (Company UP	of Person C	RYPOT STI
430-13 Highwa	14 ALA N. #	ompany 327	LORIE STATE STATE
Ponte Vedra P.	each fu 320	82	7
undrew@loopm	City/State e. Com	and Zip code	
For further information concer	nail address; (to be used ming this matter, please	Flor luture annual report call:	notification)
Kim Sanders	ar (904	de Daytime Tele	ext. 2
Name of Person	Area Co	de Daytime Tele	phone 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 Fallahassee, FL 32314	
Enclosed is a check for the foll	owing amount:		
	28.75 Filing Fee & ertificate 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. (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. Dela ware (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Office Address: 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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: _____ Address: ___ Director: ___ Director: 1 **B. OFFICERS** Vice President: Address: ___ Secretary: __ Address: ____ Treasurer: Andrew Small 22 W. 19th Street 3rd Floor, New York NY 10011 NOTE: If necessary, you may attach an addendum to the application fisting additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 14 above) affirms that the facts stated berein 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 \$,817,155, F.S. 13. ANDREW SMALL FINANCE DIRECTOR (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 "LOOPME, 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-FIRST DAY OF AUGUST, A.D. 2019.

Authentication: 203450772

Date: 08-21-19