## F200000000392

| (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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Office Use Only

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## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |                  |  |  |
|---|--|------------------|--|--|
|   | PRESS START STUDIOS  | , INC            |  |  |
| SUBJ  | · · · · · · · · · · · · · · · · · · ·  | a of corporation | n - must include suffix  |  |
|   | Nam  | e or corporation | i - must merade sumx   |  |
| Dear S  | ir or Madam:   |                  |  |  |
| "Certif   | closed "Application by Foreign Greate of Existence," or "Certificate for the components of the compone | ite of Good Stai | nding" and check are su  |  |
| Please  | return all correspondence concer   | ning this matte  | r to the following:  |  |
| FARSI   | HAD ROSTAMBEK  |                  |  |  |
|   |  | Name of          | Person   |  |
| ROST  | AMBEK & COMPANY  |                  |  |  |
| -   | <del></del>  | Firm/Con         | npany  |  |
| 505 SA  | ANSOME STREET, SUITE 850   |                  |  |  |
|   |  | Addr             | ess  |  |
| SAN F   | RANCISCO, CA 94111   |                  |  |  |
|   |  | City/State a     | ınd Zip code   |  |
| farshac   | l@rcotax.com   |                  |  |  |
|   | E-mail addre   | ess: (to be used | for future annual report   | notification)  |
| For fur   | ther information concerning this   | matter, please   | call:  |  |
| FARSHAD ROSTAMBEK   |  | 415<br>at (      | 964-5370   |  |
| _   | Name of Person   | Area Coc         | le 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 Tallahassee, FL 32314 |  |
|   | ed is a check for the following an<br>0.00 Filing Fee  | _                | 3 \$78.75 Filing Fee & Certified Copy  | <ul> <li>\$87.50 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul> |

## 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.

| If name unavails  | ible in Florida, enter alternate corp  | porate name adopted for the purpose of transacting business in Florida)  |
|---|--|--|
| DELAWARE  |  | 32-0403074<br>3  |
| (State or countr<br>02/13/2013  | y under the law of which it is inco  | orporated) (FEI number, if applicable)   |
| (Date   | of incorporation)  | 5. (Date of duration, if other than perpetual)   |
|   |  |  |
| 1904 NW 14TH  | (SEE SECTIONS 607.12<br>ΓER, CAPE CORAL, FL 33993  | 501 & 607.1502, F.S., to determine penalty liability)  |
|   |  | (Principal office address)   |
|   | ·  |  |
|   | (C   | Current mailing address, if different)   |
|   |  |  |
| Name and stree  | et address of Florida revistered   | agent: (P.O. Box, NOT acceptable)  |
|   | et address of Florida registered<br>LUIS PARRA   | agent: (P.O. Box NOT acceptable)   |
| Name:   |  |  |
| Name:   | LUIS PARRA   |  |
| Name:   | LUIS PARRA 2904 NW 14TH TER  |  |
| Name:<br>fice Address:  | 2904 NW 14TH TER  CAPE CORAL  (City)   |  |
| Name:  ffice Address:  Registered agaving been namesignated in this rther agree to c  | LUIS PARRA  2904 NW 14TH TER  CAPE CORAL  (City)  ent's acceptance:  ed as registered agent and to a application, I hereby accept to comply with the provisions of a | accept service of process for the above stated corporation at the pointment as registered agent and agree to ack to this capacall statutes relative to the proper and complete performance of my |
| Name:  fice Address:  Registered agaving been names signated in this rther agree to c | LUIS PARRA  2904 NW 14TH TER  CAPE CORAL  (City)  ent's acceptance:  ed as registered agent and to a application, I hereby accept to comply with the provisions of a | accept service of process for the above stated corporation at the pother appointment as registered agent and agree to act to this capacity.  |
| Name: fice Address:  Registered aguving been namesignated in this orther agree to c   | LUIS PARRA  2904 NW 14TH TER  CAPE CORAL  (City)  ent's acceptance:  ed as registered agent and to a application, I hereby accept to comply with the provisions of a | accept service of process for the above stated corporation at the pointment as registered agent and agree to action this capacall statutes relative to the proper and complete performance of my |

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. DIRE        | CCTORS  |  |  |  |  |  |  |
|----------------|---|--|--|--|--|--|--|
| Chairman       | Luis Emesto Parra   |  |  |  |  |  |  |
|                | Unit 509 / 18 Duke Street, Kangaroo Point, 4169, QLD, Australia   |  |  |  |  |  |  |
| Address.       |   |  |  |  |  |  |  |
| Vice Chai      | Luis Ernesto Parra  |  |  |  |  |  |  |
|                | Unit 509 / 18 Duke Street, Kangaroo Point, 4169, QLD, Australia   |  |  |  |  |  |  |
| Audress.       |   |  |  |  |  |  |  |
| Director:      | Luis Ernesto Parra  |  |  |  |  |  |  |
|                | Unit 509 / 18 Duke Street, Kangaroo Point, 4169, QLD, Australia   |  |  |  |  |  |  |
|                |   |  |  |  |  |  |  |
| Director:      |   |  |  |  |  |  |  |
| Address:       |   |  |  |  |  |  |  |
|                |   |  |  |  |  |  |  |
| B. OFF         | ICERS   |  |  |  |  |  |  |
| President:     | Luís Ernesto Parra  |  |  |  |  |  |  |
| Address:       | Unit 509 / 18 Duke Street, Kangaroo Point, 4169, QLD, Australia   |  |  |  |  |  |  |
|                |   |  |  |  |  |  |  |
| Vice Presi     | Luis Ernesto Parra  |  |  |  |  |  |  |
|                | Unit 509 / 18 Duke Street, Kangaroo Point, 4169, QLD, Australia   |  |  |  |  |  |  |
|                |   |  |  |  |  |  |  |
| Secretary:     | Luis Ernesto Parra  |  |  |  |  |  |  |
| Address:       | Unit 509 / 18 Duke Street, Kangaroo Point, 4169, QLD, Australia   |  |  |  |  |  |  |
| Treasurer:     | Luis Ernesto Parra  |  |  |  |  |  |  |
| Address:       | Unit 509 / 18 Duke Street, Kangaroo Point, 4169, QLD, Australia   |  |  |  |  |  |  |
| NOTE:          | If necessary, you may attach an addendum to the application listing additional officers and/or directors.   |  |  |  |  |  |  |
| 12             |   |  |  |  |  |  |  |
| are true a     | Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S. |  |  |  |  |  |  |
| 13. <u>Lui</u> | s Ernesto Parra   |  |  |  |  |  |  |

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRESS START 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 TWENTY-SIXTH DAY OF NOVEMBER, A.D.

2019.

5288559 8300 SR# 20197852670

Authentication: 204086433

Date: 11-26-19