F200000/46/

(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:									

Office Use Only



300341972173

03/11/20--01027--002 **70.00

SECRITARY OF STATE

MAR 1 6 2023 T. LEMSEUX

COVER LETTER

TO:	Registration Se Division of Co						
SUBJI	ECT: FRST	Media USA Inc.					
		Name of cor	poration	- must include suffix			
Dear S	ir or Madam:						
"Certif	icate of Existend		ood Stan	ding" and check are sub	ct Business in Florida," omitted to register the		
Please	return all corres	pondence concerning th	is matter	to the following:			
KIRKE	MARSH						
		1	Name of I	Person			
FRST	Media USA Inc.						
		F	irm/Com	pany			
228 E	45TH ST STE	9E					
			Addre	SS			
NEW	YORK, NEW	YORK 10017					
		Cit	y/State ar	nd Zip code			
COMF	PLIANCE@TA	BSINC.COM					
			be used f	or future annual report:	notification)		
For fur	ther information	concerning this matter.	please c	all:			
KIRKE at (347		47	, 694-5321				
	Name of Perso		rea Code	Daytime Telep	hone 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			
Enclose	ed is a check for	the following amount:					
∄ \$70	.00 Filing Fee	☐ \$78.75 Filing Fee Certificate of Sta		\$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.

FRST Media	USA Inc.								
	Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," lnc.," "Co.," "Corp," "Inc.," "Co,," or "Corp.")								
(If name unavaila	able in Florida, enter alternate corporate nar	ne	adopted for the purpose of trans	sacting b	ısiness	in Florida)			
DELAWARE		3.	_{3.} 475303735						
(State or country under the law of which it is incorporated)			(FEI number, if applicable)						
10/02/2015			PERPETUAL	ERPETUAL					
(Date of incorporation)			(Date of duration, if	(Date of duration, if other than perpetual)					
. N/A									
.228 E. 45TH S	(SEE SECTIONS 607.1501 & 60° FT. STE. 9E NEW YORK, NY 10017 (Prin	_	502, F.S., to determine penalty pal office address)	liability)					
	(Current mailing address, if different)								
Name and stree	et address of Florida registered agent: (Ρ,0	O. Box <u>NOT</u> acceptable)	ASSE	=	FILED			
Name: Northwest Registered Agent LLC				<u></u>	U				
office Address:	7901 4th St N STE 300			CORROL	EB 化	~~			
	St. Petersburg		. Florida <u>33702</u>	_	-				
	(City)		(Zip code)	_					

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: JOEL SANTIAGO Address: 228 E. 45TH ST. STE. 9E NEW YORK, NEW YORK 10017 Vice Chairman: BEN SAPIR Address: 228 E. 45TH ST. STE. 9E NEW YORK, NEW YORK 10017 Director: _ Address: Address: __ **B. OFFICERS** President: JOEL SANTIAGO Address: 228 E. 45TH ST. STE. 9E NEW YORK, NEW YORK 10017 Vice President: _____ Address: Secretary: JACOB WILLEMSEN Address: 228 E. 45TH ST. STE. 9E NEW YORK, NEW YORK 10017 Treasurer: BEN SAPIR Address: 228 E. 45TH ST. STE 9E NEW YORK, NEW YORK 10017 NOTE: If necessary, you may attack 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.

(Typed or printed name and capacity of person signing application)

13. KIRKE MARSH, ASSISTANT SECRETARY

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FRST MEDIA USA 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 NINTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRST MEDIA USA INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202546395

Date: 03-09-20