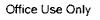
# F20000001523

(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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#### **COVER LETTER**

_	tration Section ion of Corporations				
SUBJECT:	Inperium Corp.				
	Name of corporation - must include suffix				
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign f Existence," or "Certificated foreign corporation to	ate of Good Standing	g" and check are submi		••
Please return	all correspondence conce	rning this matter to t	he following:		
Christian Ehre	nthal				
		Name of Pers	on		
Inperium Corp					
•	· · · · · · · · · · · · · · · · · · ·	Firm/Compan	y		
429 Lenox Av	e.				
		Address			
Miami Beach,	FL 33139				25
		City/State and Z	Zip code		
christian@inpe		_			
	E-mail addr	ess: (to be used for f	uture annual report not	ification)	(L)
For further in	formation concerning this	s matter, please call:			:
				•	$\dot{\omega}$
Christian Ehre	nthal	at ( <u>212</u> ) _	6559393 Daytime Telepho		
Nam	e of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	_	<b>DEPARTMENT OF</b> ling Fee & □ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 Filing F Certificate of S Certified Copy	tatus é

### 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.

Inperium Corp.			
	orporation; must include "INCORPORATED," "orp," "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"	
(If name imagail	ible in Florida, enter alternate corporate name ado	nted for the nurmose of transacting business i	n Florida)
Dolavaro			n i konkur
2	y under the law of which it is incorporated) 83	(FEI number, if applicable)	
00017/2018			
+(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. n/a			
7. 429 Lenox Ave, !	(SEE SECTIONS 607.1501 & 607.1502 Miami Beach, FL 33139  (Principal office		· · · · · · · · · · · · · · · · · · ·
	(Current mailing a	ddress, if different)	
8. Name and stree	et address of Florida registered agent: (P.O. E	ox NOT acceptable)	
Name:	Christian Ehrenthal		\ <u>(</u> )
Office Address:	429 Lenox Ave	_	
	Miami Beach	. Florida 33139	
	(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS Christian Ehrenthal □Chairman Name: **≡**Chairman c/o Inperium Corp. Address: Address: □ Vice Chairman □ Vice Chairman 429 Lenox Ave. □ Director □Director Miami Beach, FL 33139 □ President □President ☐ Vice President □Vice President ☐ Treasurer □Treasurer □ Secretary □ Secretary ■Other CEO Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Chairman Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ ☐Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_ □ Director □ Director ☐ President President ☐ Vice President □ Vice President □Treasurer □ Secretary ☐ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □ Chairman Name: □ Chairman Name: Address: □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Director □ Director □ President □ President □Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_ ☐ Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12 Will 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.

, Christian Ehrenthal, Chairman & CEO

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INPERIUM CORP." 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 TWENTIETH DAY OF FEBRUARY, 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 "INPERIUM CORP."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2018.

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

7. P.O



Authentication: 202430478

Date: 02-20-20

7059767 8300

SR# 20201300759



## State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

8213466 BLACKBIRD VENTURES, LLC 4701 N MERIDIAN AVE # 310 MIAMI BEACH, FL 33140

02-20-2020

ATTN: CHRISTIAN EHRENTHAL

DESCRIPTION	State of the	AMOUNT
7059767 - INPERIUM CORP. Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, 24 Hour	\$40.00
	TOTAL CHARGES TOTAL PAYMENTS	\$90.00 \$90.00
	BALANCE	\$0.00