

F20000002788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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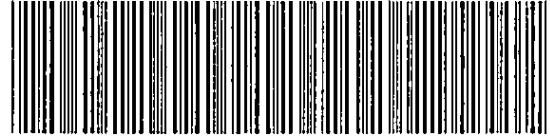
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN 23 AM 9:22


U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

2020 JUN 23 PM 1:09

JUN 24 2020

M. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 332021 7835597
AUTHORIZATION : 
COST LIMIT : \$ 70.00

ORDER DATE : June 22, 2020
ORDER TIME : 10:21 AM
ORDER NO. : 332021-005
CUSTOMER NO: 7835597

FOREIGN FILINGS

NAME: VIEWZ, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations
Viewz, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Louis M. Atlas, Esq.

_____	Name of Person
Louis M. Atlas P.C.	
_____	Firm/Company
260 Madison Avenue	
_____	Address
New York, New York 10016	
_____	City/State and Zip code
latlas@lmalaw.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis M. Atlas	917	922-9886
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee. Certificate of Status & Certified Copy
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**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.*

Viewz, Inc.

1. _____
(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)
Delaware

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
June 4, 2020

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
251 Little Falls Drive, Wilmington, DE 19808

7. _____
(Principal office street address)
c/o Louis M. Atlas P.C., 260 Madison Avenue, New York, New York 10016

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: James Altucher

121 Buttonwood Drive

Office Address: _____
Key Biscayne, Florida 33149

(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.



(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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JUN 23 AM 9:22
CLERK OF COURT
JUL 1 1998

A. DIRECTORS

James Altucher

☐ Chairman Name: _____☐ Vice Chairman Address: 121 Buttonwood Drive
Key Biscayne, FL 33149☐ Director _____☒ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☐ Other _____☐ Other _____

Robyn Altucher

☐ Chairman Name: _____☐ Vice Chairman Address: 121 Buttonwood Drive
Key Biscayne, FL 33149☐ Director _____☐ President _____☒ Vice President _____☐ Secretary _____☐ Treasurer _____☐ Other _____☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☐ Other _____☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☐ Other _____☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☐ Other _____☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☐ 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. _____
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.

James Altucher, President

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIEWZ, 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-SECOND DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIEWZ, INC." WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 2020.

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



3011770 8300

SR# 20205832274

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203152166

Date: 06-22-20