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COVER LETTER

TO: Registration Section

Division of Corporation	ns			
SUBJECT:	THINK BIO	CORP.		
Jobace 1.	Name of corporati	on - must include si	ıffix	
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or "above referenced foreign corpo	Certificate of Good St	anding" and check		
Please return all correspondence	e concerning this mat	er to the following:		
MARIANNA LANZMAN, CPA				
	Name o	of Person		
AM. COMPREHENSIVE FINAN	CIAL SERVICES LTD			
	Firm/Co	ompany		
2241 E 64TH ST				
	Ade	lress		NO.
BROOKLYN NY 11234				مت د . ه
	City/State	and Zip code		;3
cpa_marianna@yahoo.com			<u> </u>	
E-m	ail address: (to be use	for future annual r	eport notification)	
For further information concer-	ning this matter, please	e call:		
Marianna Lanzman, CPA	718	376-5111) 376-5111 Daytime Telephone Number	
Name of Person	Area Co	ode Daytime	Telephone Number	
STREET/COURIER Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ADDRESS: ns sec , Suite 810	MAIL Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	
		ST OF STATE S78.75 Filing For Certified Copy	ee & 🔲 \$87.50 Filin Certificate o Certified Co	of Status &

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.

NEW YORK	INK BIG FL CORP lable in Florida, enter alternate corporate name ad	5-3699621		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applica	ble)	
10/24/2011	5			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	l, F.S., to determine penalty liability)		
139 E. POSITAN	NO AVE, SAINT AUGUSTINE, FL 32092 (Principal office			
	(Principal office	street address)		
			707	
	(Current mailing	nddress, if different)	(
Name and stre	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	30	
Name:	ALLA PLIT			
fice Address:	139 E. POSITANO AVE		ယ္	
nce Address:	SAINT AUGUSTINE	, Florida <u>32092</u> (Zip code)	25	
		Florida		

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

under the law of which it is incorporated.

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

A. DIRECTORS						
□Chairman	Name: ALLA PLIT	□Chairman	Name:			
□Vice Chairman	Address: 139 E. POSITANO AVE	□Vice Chairman	Address:			
Director	SAINT AUGUSTINE, FL 32092	□Director				
■ President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman				
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	□ Secretary		[]Treasurer		
□Other	Other	Other	·	□Other		
				202)		
□Chairman	Name:	☐ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman		: 3		
□Director		□Director				
□President		□President		<u> </u>		
□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						
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.						
ALLA PLIT						

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THINK BIG CORP. was filed on 10/24/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



2029 J. .. 30 Pr. 3: 26

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 21st day of May two thousand and twenty.

Braden C. Hughan

Brendan C Hughes Executive Deputy Secretary of State