

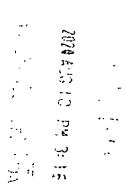
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
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COVER LETTER

TO:	Registration Section Division of Corporations			
SHBJ	ECT: Hold Something Inc			
0000		me of corporation -	must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreigr ficate of Existence," or "Certific referenced foreign corporation	cate of Good Stand	ing" and check are subr	
Please	return all correspondence conc	erning this matter t	o the following:	
Gabrie	l Sanchez			75
		Name of P	erson	40
Hold S	iomething Inc			<u> </u>
<u> </u>		Firm/Comp	any	., 5
18459	Pines Blvd #337			
		Addres	s	ر بر بر بر الم
Pembr	oke Pines, FL 33029			चेल क
		City/State and	l Zip code	·
holdso ———	methinginc@gmail.com		r future annual report n	
	E-man add	iress: (to be used to	r iumre annuai report n	ouncation)
For fu	rther information concerning th	is matter, please ca	II:	
Gabrie	l Sanchez	646 at (404-2835	
	Name of Person	Area Code	Daytime Teleph	none Number
	STREET/COURIER ADDI- Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Please	sed is a check for the following make check payable to: FLORID 0.00 Filing Fee	A DEPARTMENT O	OF STATE \$78,75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT 6 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.

1.	Hold Something Inc							
		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp,")	ı,''' "	COMPANY," "CORPORAT	ION,"			
	Hold Something	; Согр						
	(If name unavail:	able in Florida, enter alternate corporate name	ado	pted for the purpose of transac	cting busi	ness in Fl	orida)	
2.	New York	3	83	-0901720				
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.	06/14/2018	5,						
.,	(Date of incorporation)		_	(Date of duration, if other than perpetual)				
6.						73		
		(Date first transacted business (SEE SECTIONS 607.1501 & 607.1			bility)	Gr.	-	
7.	18459 Pines Blvd	#337 Pembroke Pines, FL 33029				(_آ	<u>.</u>	
		(Principal of)	lice .	street address)				
					,	7	`, -	
				ddress, if different)		بب آن آن		
8.	Name and stree	et address of Florida registered agent: (P.	O. I	Box NOT acceptable)	ŕ			
	Name:	Gabriel Sanchez		_				
Oı	ffice Address:	432 SW 147th Ave		_				
		Pembroke Pines		Florida 33027				
		(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.

A. DIRECTORS					
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address: 438 SW 147th Ave	□Vice Chairman	Address:		
□Director	Pembroke Pines, FL 33027	□Director			
President		□President			
□Vice President		□Vice President			
□Secretary	■ Treasurer	□Secretary	□Treasurer		
□Other	□Other	□Other	□Other □		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director	· .		
□President		□President	2.2 7.60		
□Vice President		□Vice President			
□Secretary	[]Treasurer	□Secretary	☐ Treasurer		
□Other		□Other			
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□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 add 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.

, Gabriel Sanchez

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HOLD SOMETHING, INC. was filed on 06/14/2018, 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.

I further certify that no other documents have been filed by such corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 10th day of June two thousand and twenty.

Brada C Hyles

Brendan C Hughes
Executive Deputy Secretary of State