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COVER LETTER

TO: Registration Section Division of Corporation	18		
SUBJECT: TALK CARPET C			
SUBJECT:	Name of corporation - i	nust include suffix	
Dear Sir or Madam:			
	Certificate of Good Standir	thorization to Transact Business in Flag" and check are submitted to registe in Florida.	
Please return all correspondence	e concerning this matter to	the following:	
NATALIA FISHER, E.A.			
	Name of Per	rson	
TOTAL ACCOUNT ABILITY LI	.C		
	Firm/Compa	ny	
PO BOX 1205			
	Address		
GREENWOOD LAKE, NY 10925	;		
	City/State and	Zip code	
ACCOUNTING@TALKCARPET	:.СОМ		
E-ma	iil address: (to be used for	future annual report notification)	
For further information concerning this matter, please eall:			
NATALIA FISHER	347	249-3535	
Name of Person	Area Code	249-3535 Daytime Telephone Number	2 <u>9</u>
			-17
Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ns see	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	5:27
-	ORIDA DEPARTMENT O 8.75 Filing Fee & 💢 S	78.75 Filing Fee & 💢 \$87.50 Fil	e of Status &

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	ET CORPORATION	NO CEPTAN ROCKINGS COLONIA	ein -
import in langua in the name at p	ration: must include the word "INCORPC age as will clearly indicate that it is a corp resent. "Company" or "Co." may not be u	DRATED" or "CORPORATION" or words or abbreviat poration instead of a natural person or partnership if not used as a corporate suffix by a nonprofit corporation.)	so contained
(If name unava	allable in Florida, enter alternate corporate	e name adopted for the purpose of transacting business	in Florida)
2. NEW YORK		, N/A	
(State or cou	ntry under the law of which it is incorpora	3. N/A (FEI number, if applicable)	
4. <u>(I</u>	Date of Incorporation)	5. PERPETUAL (Date of duration, if other than perpet	tual)
N/A			
(Date first cond	ucted affairs in Florida if prior to registratic	on. See sections 617.1501 & 617.1502. F.S. to determine p	oenalty liability.)
7 575 FIFTH A	VENUE, 14FL, NEW YORK, NY 10017		
··	(Prin	cipal office address)	
PO BOX 1205	GREENWOOD LAKE, NY 10925		
	(Current m	ailing address, if different)	
8. TRADEMAR	K HOLDING	ountry to be carried out in the state of Florida)	
(Purpose(s) of	corporation authorized in home state or co	ountry to be carried out in the state of Florida)	
9. Name and str	<u>eet address</u> of Florida registered agen	t: (P.O. Box <u>NOT</u> acceptable)	ines ines
Name:	Registered Agents Inc		2011 P.C.T. 29
Office Address:	7901 4th St N STF 300		
	St. Petersburg	Florida 33702 (Zip Code)	29
	(City)	(Zip Code)	
			ကွ
10. Registered	l agent's acceptance:		
designated in th	is application, I hereby accept the ap	pt service of process for the above stated corporal ppointment as registered agent and agree to act it	n this capacity.
further agree to duties, and I a <mark>n</mark>	comply with the provisions of all stone familiar with and accept the obligation.	itutes relative to the proper and complete perforn tions of my position as registered agent.	nance of my
	Bell Home Bi		
	Bi	Il Havre - Assistant Secretary	
	(Regis	stered agent's signature)	

11. 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: CHRISTOPHE P RAMMANT	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	14 FLOOR	□Director				
President	NEW YORK, NY 10017	□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		
□Chairman	Name:	□Chairman	Name:		_	
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director		777		
□President		□President			1	
□Vice President		□Vice President		2.5	3	
□Secretary	□Treasurer	☐ Secretary		□Treasurer □	į	
□Other	Other	□Other		رب ⊖Other <u>ع</u>		
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.

CHRISTOPHE P RAMMANT, PRESIDENT

I hereby certify, that the Certificate of Incorporation of TALK CARPET CORPORATION was filed on 09/25/2020 with an existence date of 09/25/2020, 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.



WITNESS my hand and the official seal of the Department of State, at the City of Albany, this 25th day of September two thousand and twenty, at 9:33 AM.

Braden C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 2009250195 To verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov