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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160CCCC17 Phone : (855)498-5500 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

FOREIGN PROFIT/NONPROFIT CORPORATION

MXB STUDIO INC

Certificate of Status

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Page Count

Estimated Charge

\$78.75

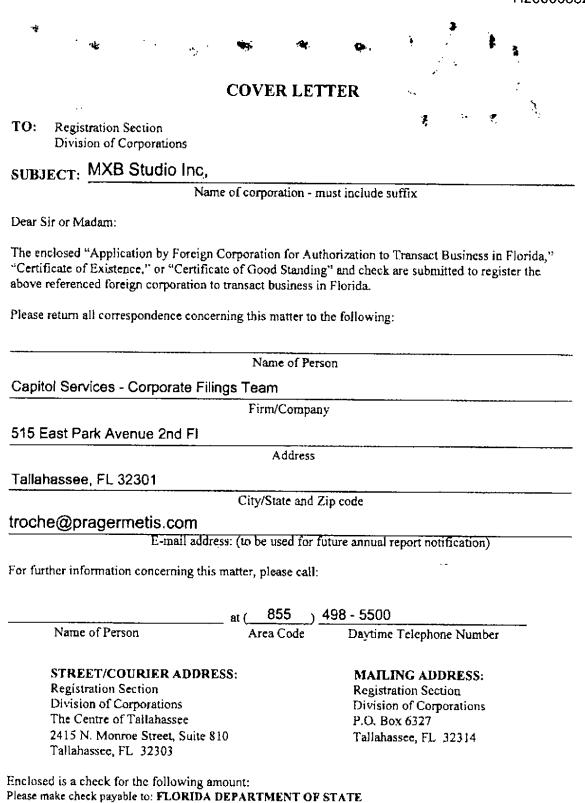
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\$70.00 Filing Fee

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\$87.50 Filing Fee,

Certificate of Status & Certified Copy

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 CORPORÁTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"Inc.," Co., "C	orp," "Inc," "Co," or "Corp.")	ORATED," "COMPANY," "CORPOR	erron,
(If name unavail	able in Florida, enter alternate corpo	orate name adopted for the purpose of tre	ansacting business in Florida)
New York	State	3	
(State or country under the law of which it is incom		orated) (FEI number, if applicable)	
October 1	5, 2020	5	
	of incorporation)	5. (Date of duration, i	f other than perpetual)
		business in Florida, if prior to registration 1 & 607.1502, F.S., to determine penalt	
14 Penn F	laza, Suite 1800, New	York, NY 10122	
		incipal office street address)	
	(Cur	Tent mailing address, if different)	
Name and stre	<u>et address</u> of Florida register e d a	gent: (P.O. Box <u>NOT</u> acceptable)	
Name:	Capitol Corporate Service	es, Inc.	
	515 East Park Avenue 2	nd El	
	DID EBSU BIK AVOIDE 2	TIG 1 (
ffice Address:			
ffice Address:	Tallahassee	, Florida_32301	
ffice Address:	Tallahassee (City)	Florida 32301 (Zip code)	
	(City)	Florida 32301 (Zip code)	
Registered ag aving been nun	(City) ent's acceptance: ned as registered agent and to ac	cept service of process for the above	e stated corporation at the pla
Registered ag aving been nan signated in this other agree to c	(City) ent's acceptance: ned as registered agent and to ac application, I hereby accept the omply with the provisions of all		e stated corporation at the plan nd agree to act in this capacity
aving been nun signated in this other agree to c	(City) ent's acceptance: ned as registered agent and to ac application, I hereby accept the omply with the provisions of all	cept service of process for the above appointment as registered agent a statutes relative to the proper and c	e stated corporation at the plan nd agree to act in this capacity complete performance of my di

^{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 DIRECTURS					
Chairman	Name: Max Berger	Chairman	Name:		
Vice Chairman	Address: 14 Penn Plaza,	Vice Chairman	Address:		
Director	Suite 1800	Director			
President	New York, NY 10122	President			
Vice President		Vice President			
Secretary	Tressurer	Secretary	Tressurer		
Other	Other	Other			
Chairman	Name:	Chairman	Name:		
Vice Chairman	Address:	Vice Chairman	Address:		
Director		Director			
President		President			
Vice President		☐Vice President			
Secretary	Tressurer	Secretary	Treasurce		
Other	Other	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		
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 forms. 12. Signature of Director or Officer					
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.					
13. Max Berger					
(Typed or printed name and espacity of person signing application)					

State of New York Department of State State

I hereby certify, that the Certificate of Incorporation of MXB STUDIO INC was filed on 10/15/2020, 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.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 02nd day of November two thousand and twenty.

Braden C Higher

Brendan C. Hughes Executive Deputy Secretary of State

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