

1/5/21
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
Fa1000000084

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000005351 3)))



H21000005351 3ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844) 386-0178
Fax Number : (214) 317-4754

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Niche Interactive Media, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
2021 JAN -6 AM 7:28

Electronic Filing Menu

Corporate Filing Menu

Help

((H21000005351 3))

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1505, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Niche Interactive Media, Inc.

(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)

2. IL 3. (FEI number, if applicable)

(State or country under the law of which it is incorporated)

4. 01/18/2017 5. (Date of duration, if other than perpetual)

(Date of incorporation)

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 212 W Van Buren St, Suite 201, Chicago, IL, US, 60607
(Principal office street address)

(Current mailing address, if different)

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

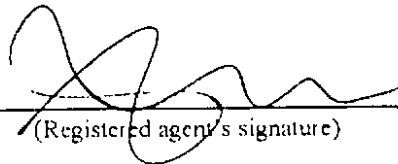
Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS BLVD STE 400

FORT MYERS, Florida 33907
(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.

((H21000005351 3))

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

((H21000005351 3)))

A. DIRECTORS

☐ Chairman Name: Ronny Sage
☐ Vice Chairman Address: 212 W Van Buren St, Suite 201,
☒ Director Chicago, IL, US, 60607
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ryan Jonker
☐ Vice Chairman Address: 212 W Van Buren St, Suite 201,
☐ Director Chicago, IL, US, 60607
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Philip Kaulfield
☐ Vice Chairman Address: 212 W Van Buren St, Suite 201
☒ Director Chicago, IL, US, 60607
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Nasrin Thiercr
☐ Vice Chairman Address: 212 W Van Buren St, Suite 201,
☒ Director Chicago, IL, US, 60607
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Raymond Tonsing
☐ Vice Chairman Address: 212 W Van Buren St, Suite 201
☒ Director Chicago, IL, US, 60607
☐ 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.

Phillip Kaulfield

13. _____

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

((H21000005351 3)))

((H21000005351 3)))

File Number 7092-732-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NICHE INTERACTIVE MEDIA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 18, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE. AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 30TH
day of DECEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

Authentication #: 2036503408 verifiable until 12/30/2021

Authenticate at: <http://www.cyberdriveillinois.com>

((H21000005351 3)))