2021-01-26 09:32 CST - Division of Corporations	+17188837420 PAGE 1/4 :
Florida Department of St Division of Consorations Electronic Siling Structheast	te 526
Note: Please print this page and use it as a cover sheet. (shown below) on the top and bottom of all pages (((H21000034520 3)))	ype the fax audit number of the document.
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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : BLUMBERG/EXCELSIOR CORPO Account Number : 075350000353 Phone : (800)221-2972	ATE SERVICES, INC.
Fax Number : (917)243-5843 **Enter the email address for this business entity annual report mailings. Enter only one email a Email Address:	o be used for future ddress please.**
90 FOREIGN PROFIT/NONPROFIT COR   00 Stable Minds, Inc.   01 02   02 Certificate of Status   02 Certified Copy   02 Page Count   Estimated Charge Estimated Charge	PORATION APPROVELU FILED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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APPLICAT	TION BY FOREIG	N CORPORAT	10Ň FÇ	R AUT	HORIZATIO	ON TO TH	RANSACT	
3		BUSINESS	IN FLC	RIDA				
IN COLOUINE	WITH SECTION 607.	i 503, FLORIDA	STATUTE	S, THE	FOLLOWING I	S SUBMIT	TED TO	
REGISTER A FOR	EIGN CORPORATION	V TO TRANSACT	BUSINE	S IN TH	E STATE OF I	FLORIDA.		
Stable Minds, Inc.	2		1	1				
1. (Enter name of co	rporation; must include *	INCORPORATEL	," "COM	PANY,"	"CORPORATIC	)N,"		
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Cor	p.")	l					
			li li					
			<u>  </u>	l Gain the su	more of transact	ing business	in Florida)	
(If name unavaila	ble in Florida, enter alter	nate corporate nam			pose or demose		,	
2. NEW YORK		3	46-513	1	(FEI number, if			
(State or country	under the law of which	it is incorporated)	l)		(FEI number, ut	արինշոր»։)		
APRIL 08, 2014			5					
(Date	of incorporation)		N.	(Date of	f duration, if othe	r than perpet	(1 <b>8</b> 1)	
6	(Date first	transacted business	in Floridi	if prior	to registration)	(itre)		
		S 607.1501 & 607	.1502, P.S. 		utite berrary two	uny (		
7. 771 JEFFREY S	STREET BOCA RATON							
		(Principai o	office sires		)			
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		(Current mai	iling addre	e, romi	ವರದ)			
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		•						···· 1
8. Name and stree	<u>n address</u> of Florida re	•	P.O. Box	NOTec	ceptable)		26	
	<u>n address</u> of Florida re ELIZABETH MAST	gistered agent: (1	P.O. Box	NOTiec	ceptable)		. o	
8. Name and stree Name:	ELIZABETH MAST	gistered agent: () RO	P.O. Box	NOTIC	ceptable)		. 6 	ED
		gistered agent: () RO	P.O. Box		ceptable) 33487		. o	LED NU

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>. 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.

President augual (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.

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

## 2021-01-2E 09:32 CST -----

## +17168697420 PAGE S/4

A. DIRECTORS			
B("baimon	BLIZABETH MASTRO	Chairman 1	Name:
Vice Chairman	771 JEFFREY STREET	Vice Chairman	Address:
Director	BOCA RATON, FL 33487	Director	
🖬 President			
Vice President		Vice President	
Secretary	Tressurer	Secretary	
00ther		[]Other	Other
Chairman	Name:	Chairman	Neme:
□Vice Chairman	Address:	⊡Vice Chairman	Address:
Director			
President		 President	
🗆 Vice President	مرور المرور ا	Vice President	·
Secretary	Treasurer	Secretary	Treasurer
00ther	Other	Other	00ha
Chairman	Name:		Name:
🗘 Vice Chairman	Address:		Address:
Director			
		_ Dresident	
Vice President	·····	□Vice President	
Secretary	Tressurer	Scartiny	1) Treasurer
00ther	00ther	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 with filing your Florida Department of Flore Annual Report form.

recidea astru I wheth ·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 (also information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

t

ELIZABETH MASTRO, PRESIDENT 13.

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

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of STABLE MINDS, INC. was filed on 04/08/2014, 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 the following:

A Biennial Statement was filed 01/22/2021.

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 22nd day of January two theusand and twenty-one.

- C Shughan Bruk

Brendan C. Hughes Executive Deputy Secretary of State

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