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Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 : (917)243-5843 Fax Number

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## FOREIGN PROFIT/NONPROFIT CORPORATION DAILY INSPO STUDIOS INC.

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## 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 CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(13 name unavai	lable in Florida, enter alternate corporate name ad	dopted for the purpose of transacting business in Florida)	
NEW YORK	3		
07/16/2019 5 (Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in I	Clarida if union to manistration	
	(SEE SECTIONS 607.1501 & 607.150		
151 COLLINS	AVENUE, UNIT 621, MIAMI, FL 33140		
	(Principal office	street address)	
	(Current mailing	address, if different)	
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
	et address of Florida registered agent: (P.O. ERIKA WILLIAMS	Box NOT acceptable)	
Name:		Box <u>NOT</u> acceptable)	
	ERIKA WILLIAMS 5151 COLLINS AVENUE, UNIT 621,	Box NOT acceptable) , Florida 33140(Zip code)	

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.

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

A. DIRECTORS						
Chairman	Name: ERIKA WILLIAMS	☐ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	UNIT 621,	Director				
President	MIAMI, FL 33140	□ President				
□Vice President		□Vice President				
Secretary	☐Treasurer	Secretary		☐Treasurer		
☐ Other	Other	Other	<del></del>	□Oth <b>c</b> r		
Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director		~ <del>~~</del>		
President		☐ President				
□Vice President		□Vice President	<del>~~~</del>			
☐ Secretary	☐ Treasurer	Secretary		☐Treasurer		
Other	Other	□ Other		□Other □		
□Chairman	Name:	(I)Chairman	Name:	1		
	Address:	□Vice Chairman				
□Director		□Director				
□President		President				
□ Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary		□Treasurer		
Other	□Other	Other	<del></del>	□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals maybe 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.  13. ERIKA WILLIAMS						

(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 DAILY INSPOSTUDIOS INC. was filed on 07/16/2019, 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.

\*\*\*



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Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of February two thousand and twenty-one.

Bradan C Hughan

Brendan C. Hughes
Executive Deputy Secretary of State

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