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(((H210000605173)))



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Division of Corporations

Fax Number : (850)617-6383

......

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 : (850)558-1515 Fax Number

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## FOREIGN PROFIT/NONPROFIT CORPORATION STUDS INC.

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February 15, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

,

SUBJECT: STUDS INC REF: W21000020265

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator FAX Aud. #: H21000060517 Letter Number: 621A00003328

## 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.

STUDS PIERO			<del></del>
(If name unavai	lable in Florida, enter alternate corporate name ac	lopted for the purpose of transacting busines	ss in Florida)
Delaware 	zy under the law of which it is incorporated)		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
11/27/2018	5		
(Dat	e of incorporation)	(Date of duration, if other than perp	ectual)
·			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  2, F.S., to determine penalty liability)	
594 BROADWA	AY SUITE 1001 NEW YORK, NY 10012		
		street address)	
			~ .
	(Current mailing	address, if different)	7
			F: -
			<b>之</b> 治 [] .
Name and stre	eet <u>address</u> of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	
	ect address of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)	EB 12 T
Name:	Corporation Service Company	Box <u>NOT</u> acceptable)	WIFEB 12 PH
Name:	Corporation Service Company 1201 Hays Street	<u> </u>	EB 12 PH 5: 3
Name:	Corporation Service Company 1201 Hays Street	<u> </u>	EB 12 PH 5: 31
Name:	Corporation Service Company 1201 Hays Street	Box NOT acceptable) , Florida 32301(Zip code)	EB 12 PH 5: 31
Name: Office Address:	Corporation Service Company  1201 Hays Street  Tallahassee  (City)	<u> </u>	EB 12 PH 5: 31
Name:  office Address:  Registered aguaring been nan	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  gent's acceptance: med as registered agent and to accept service	, Florida 32301 (Zip code) c of process for the above stated corpor	eation at the place
Name: office Address: Registered aglaving been nanessignated in thi	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  gent's acceptance: med as registered agent and to accept services application, I hereby accept the appointment	, Florida 32301 (Zip code) c of process for the above stated corporent as registered agent and agree to act	ration at the place in this capacity.
Name:  office Address:  Registered againg been nanessignated in this arther agree to	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  gent's acceptance: med as registered agent and to accept service	, Florida 32301 (Zip code)  e of process for the above stated corporent as registered agent and agree to actuative to the proper and complete perfor	ration at the place in this capacity.
Name: Office Address: Registered aglaving been nanesignated in this arther agree to and I am familia	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  gent's acceptance: med as registered agent and to accept services application, I hereby accept the appointment comply with the provisions of all statutes refer with and accept the obligations of my positive controls.	, Florida 32301 (Zip code)  e of process for the above stated corporent as registered agent and agree to act ative to the proper and complete perfortion as registered agent.	ration at the place in this capacity.
Name: Office Address: Registered aglaving been nanlesignated in this arther agree to and I am familia	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  gent's acceptance: med as registered agent and to accept services application, I hereby accept the appointment comply with the provisions of all statutes reliable.	, Florida 32301 (Zip code)  e of process for the above stated corporent as registered agent and agree to act lative to the proper and complete perfortion as registered agent.	ration at the place in this capacity.

under the law of which it is incorporated.

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

<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: ANNA HARMAN	□Chairman □Vice Chairman	Name:		
□ Vice Chairman	Address: 594 BROADWAY SUITE 1001				
□Director	NEW YORK, NY 10012	Director	NEW YORK, NY 10012		
□President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary	Treasurer		
■Other	Other	□Other	Other		
□Director □President	Name:    594 BROADWAY SUITE 1001	□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other	Address:		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other	Other	□Other	Other		
The officer or directly she is aware that fas. 817 155, F.S.  ANNA HAB	Signature of Director ctor signing this document (and who is listed in number lake information submitted in a document to the Depar	or Officer er 11 above) affirms th	eport form.  nat the facts stated herein are true and that he or		
13. ANNA DAG	1711 (17, 010)		<del></del>		

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

## Delaware The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STUDS, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STUDS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 204460112

Date: 12-31-20