## Fa10000194a

(Re	questor's Name)				
(Ad	dress)				
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(Cit	ry/State/Zip/Phone	<del>:</del> #)			
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(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO:		tion Section of Corporations						
SUBJ	ECT:	Saintly Corp.						
		Nam	e of corporatio	n - m	ust include suffix			
Dear S	ir or Mada	am:						
"Certi	ficate of Ex		te of Good Sta	nding	norization to Transact B 3" and check are submitt Florida.			
Please	return all	correspondence concer	ning this matte	r to t	he following:			
	Sar	n Payrovi					202	
	<u> </u>	iii ayiovi	Name of	Pers	on	·············		<del></del> .
	Sa	intly Corp. / CSTM HAUS					در: د_	٠,
			Firm/Cor	nnan	<u> </u>			<del>_</del> .,
				mpan,	<i>;</i>		- 2	- 1 6
	340	00 Collins Avenue, 4th flo					<u>'\&gt;</u>	لو
			Addı	ess		,	-:	
	Mia	ami Beach, FL. 33140						
		<del>-</del>	City/State	and Z	ip code			
	sa	m@shopconsortium.com	1					
				for fu	uture annual report notif	ication)		
For fu	ther inform	nation concerning this	matter, please	call:				
	Sar	n Payrovi	at ( 917	)	684-5222			
	Name of	Person	Area Coo	le	Daytime Telephone	e Number	_	
	Registrat Division The Cent 2415 N. 1	T/COURIER ADDRE ion Section of Corporations re of Tallahassec Monroe Street, Suite 8 see, FL 32303			MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on erations		
Please		ck for the following ar payable to: FLORIDA I Fee	DEPARTMEN' ing Fee &	□ \$78		\$87.50 Fili Certificate Certified (	of Sta	

## 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.

Saintly Co	rp					
(Enter name of col "Inc.," "Co.," "Col	poration; must include "INCORPORATED," p." "Inc," "Co," or "Corp.")	"COMPANY," "	CORPORATION,"			
CSTM HA	us					
(If name unavailab	le in Florida, enter alternate corporate name	adopted for the purp	ose of transacting b	ousiness	in Florid	a)
Delaware	3.	47-487081	2			
(State or country	under the law of which it is incorporated)	1)	El number, if appli	cable)		
August 18	, 2015 5.					
	f incorporation)	(Date of d	uration, if other tha	n perpeti	ıal)	
					??	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15			<del></del>	; 3	
675 Hudson	St, 4S, New York, NY 10014				(v)	1
	(Principal office	ce <u>street</u> address)		1. \	% %	الوب. الر
· · · · · · · · · · · · · · · · · · ·	(Current mailin	g address, if differe	nt)			_
Name:	address of Florida registered agent: (P.O Sam Payrovi 3400 Collins Ave, 4th floor	. Box <u>NOT</u> accep	otable)			
Tice Address:						
	Miami Beach	, Florida <u></u> 33 (Z	140			
	(City)	(2	ip code)			
signated in this a rther agree to col	t's acceptance: I as registered agent and to accept service opplication, I hereby accept the appointmently with the provisions of all statutes register and accept the obligations of my pos	ent as registered clative to the prop	agent and agree t er and complete p	o act in	this cap	pacity.
	(Registered agent's sig	pnature	<del></del>	_		
	(registered agent 5 5)	Similar C/				

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

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

A. DIRECTORS	•		
Chairman	Name: Sam Payrovi	□Chairman	Name:
□Vice Chairman	Address: Saintly Corp.	□Vice Chairman	Address:
□Director	675 Hudson St, 4S	□Director	
□President	New York, NY	□President	
□Vice President	10014	□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
☐ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	22
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	☐ Treas <u>ur</u> ệr
□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	□Other	□Other
Important Notice: Undividuals may be 12.	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	ment of State Annual Rep	port form.
	Signature of Directo	r or Officer	
she is aware that fars.817.155, F.S.	tor signing this document (and who is listed in num lise information submitted in a document to the Dep ayrovi, Chairman and CEO		

13. \_\_



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

DELAWARE, DO HEREBY CERTIFY "SAINTLY CORP." 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 EIGHTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAINTLY CORP."

WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2015.



Authentication: 202680227

Date: 03-08-21