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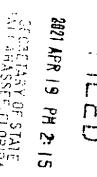
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

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MAY - 6 2021 M. SOLOMON

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	USER INTERVIEWS, INC.			
SODJLC1.	Name	of corporation - m	ust include suffix	
Dear Sir or M	adam:			
"Certificate o		e of Good Standing	horization to Transact Business in F g" and check are submitted to regist 1 Florida.	
Please return	all correspondence concerr	ning this matter to t	the following:	
JASON ACKE	ERMAN			
		Name of Pers	son	
WAGNER, FE	ERBER, FINE & ACKERMA	N		
		Firm/Compan	v	
66 S. TYSON	AVE			10 m
		Address	****	921 APR 19
FLORAL PAF	RK, NY 11001			25 25 25 25 25 25 25 25 25 25 25 25 25 2
		City/State and 2	Zip code	(3)
jackerman@w	•			
	E-mail addres	ss: (to be used for f	uture annual report notification)	STATE LORID
For further in	formation concerning this i	matter, please call:		<u></u> Ω
Jason Ackerm	an	at ()	328-3800 Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telephone Number	
Regis Divis The C 2415	EET/COURIER ADDREST stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following am neck payable to: FLORIDA I ing Fee	DEPARTMENT OF $ng Fee \& \square \$7$	78.75 Filing Fee & 🔲 \$87.50 F	te of Status &

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.

I. USER INTERVI	EWS, INC,			
	orporation; must include "INCORPo orp," "lne," "Co," or "Corp.")	ORATED," "C	OMPANY," "CORPORATION,"	
USER INTERVIE	<u> </u>			
(If name unavail	able in Florida, enter alternate corpo	rate name adop	ted for the purpose of transacting bu	usiness in Florida)
2. DE		3.		
(State or countr	y under the law of which it is incorp	orated)	(FEI number, if applic	able)
4 12/06/2013		5.		
(Date	of incorporation)		(Date of duration, if other than	n perpetual)
6.				
·			rida, if prior to registration)	
	(SEE SECTIONS 607.150	11 & 607.1502, 1	F.S., to determine penalty liability)	
7. 320 7TH AVENUE	E, #254 BROOKLYN, NY 11215			
		(Principal of	fice address)	
				:: N
	(Cu	rrent mailing ad	dress, if different)	
				PR → PR
8. Name and stree	et address of Florida registered a	gent: (P.O. Be	ox NOT acceptable)	R 19
Name:	Registered Agents Inc.		-	سم عحد يريت
Office Address:	7901 4th St N STE 300		_	na in
	St. Datarchura		D. 11 22702	Šei N
	St. Petersburg (City)	· .	_ , Florida <u>33702</u>	
	(Citô)		(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 Agents Inc. Bill Havre - Assistant Secretary

(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.

□ Chairman	Name: DENNIS MENG		Nume:	ERT SARIS
□Vice Chairman	Address: 226 14TH PL NE	☐ Vice Chairman	Address:	
□Director	WASHINGTON. DC 20002	Director		
□President		□President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	□Other	■Other <u>CTO</u>		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:			
□Director	BROOKLYN, NY 11215	□Director		
□President		□President		
□Vice President		_ □Vice President		
☐Secretary	□Treasurer	□Secretary		☐Treasurer
CEO				
□ Chairman	Name:	□Chairman	Name:	ARY OF
□Vice Chairman	Address:			LC. SI
□Director		□Director	 	20 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
□President		□President		
□Vice President		□ Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		□Other
individu <u>als</u> may be	Use an attachment to report more than six (6). It added to the index when filing your Florida D	epartment of State Annual Re	port form.	
	ctor signing this document (and who is listed in also information submitted in a document to the s. Meng			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "USER INTERVIEWS, 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 NINTH DAY OF FEBRUARY, A.D. 2021.



Authentication: 202476781

Date: 02-09-21