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	Requestor's Name)		
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((	Dity/State/Zip/Phone #)		
P CK-SP	WAIT MAIL		
(F	Business Entity Name)		
(Document Number)			
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Special Instructions t	o Filing Officer		

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### CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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PECIA	I. INSTRUCTIONS:		

#### **COVER LETTER**

TO: Registration Section Division of Corpora		
SUBJECT: PODZ, INC.		
	Name of corporation	- must include suffix
Dear Sir or Madam:		
	or "Certificate of Good Stan	Authorization to Transact Business in Florida." ding" and check are submitted to register the ss in Florida.
Please return all correspond	ence concerning this matter	to the following:
Brittany Hansen		
	Name of I	Person
Registered Agent Solutions, In	ıc.	
	Firm/Com	pany
1701 Directors Blvd., Suite 30	O	
<del> </del>	Addre	ss
Austin, TX 78744		
-1,-,-	City/State ar	nd Zip code
bhansen@rasi.com		
H	-mail address: (to be used f	or future annual report notification)
For further information cond	erning this matter, please ca	all:
Brittany Hansen	at (	705-7274
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIE Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	tions nassee cet, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the f Please make check payable to: □ \$70.00 Filing Fee □	FLORIDA DEPARTMENT	OF STATE  \$78.75 Filing Fee & □ \$87.50 Filing Fee.  Certified Copy Certificate of Status &  Certified Copy

### 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.

1.	PODZ, INC.				
		corporation; must include "INCORPORATED. Lorp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"		
	(If name unavail	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	usiness in Florida)	
2.	Delaware	3			
	(State or countr	3. ry under the law of which it is incorporated)	(FEI number, if application	:able)	
4.	JANUARY 02,	2020	Perpetual  (Date of duration, if other than perpetual)		
	(Date	of incorporation)	(Date of duration, if other than	perpetual)	
6.					
		(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7	447 W 18th Stree	et PH12B, New York, NY 10011			
		(Principal off	ice <u>street</u> address)		
	447 W 18th Stree	et PH12B, New York, NY 10011			
		(Current mailir	ng address, if different)		
				- 🙀	
8.	Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	27	
	Name:	Registered Agent Solutions, Inc.	· <del></del>	02 AVII (210	
О	ffice Address:	155 Office Plaza Dr., Suite A		20	] - 
		Tallahassee	, Florida <u>32301</u>		
		(City)	(Zip code)	. 5(	
9.	Registered age	ent's acceptance:		O1	
H	aving been nam	ed as registered agent and to accept servi	ce of process for the above stated co	rporation at the pla	ice
ae fu	signated in this rther agree to c	application, I hereby accept the appoint omply with the provisions of all statutes r	nent as registered agent and agree to relative to the proper and complete pe	) act in this capacity erformance of my d	y. I Iuties
an	d I am familiar	with and accept the obligations of my po	sition as registered agent.	erywriance by my a	
		Brendom Wis	yd.		
	_	(Registered agent's si	gnature)	_	

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.

A. DIRECTORS	1			
□Chairman	Name: Doug Imbruce	□Chairman	Name:	
□Vice Chairman	Address: 6901 Collins Ave, Apt 601	□ Vice Chairman	Address:	
□Director	Miami Beach, FL 33141	□Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary	□Treasurer	
□Other	□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	
_				
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director	<del></del>	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	□Secretary	□Treasurer	
□Other	Other	Other	Other	
Important Notice: Undividuals may be	Ise an attachment to report more than six (6). The a added to the index when filing your Florida Depart	ment of State Annual Re	d for reporting purposes only. Non-indexed sport form.	
•	Signature of Directo	-		
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. Doug Imbruo	e			

# State of New York Department of State } ss:

I hereby certify, that PODZ, INC. a DELAWARE corporation, filed an Application for Authority to do business in the State of New York on 01/02/2020. I further certify that so far as shown by the records of this Department, such corporation is still authorized to do business in the State of New York.



Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of May two thousand and twenty-one.

Braden C Hylan

Brendan C. Hughes Executive Deputy Secretary of State

202105:70219 · JD