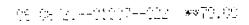
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: STOX ENERG	Y SOC	CKS INC.	_
Name of	corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans-	Good Stand		
Please return all correspondence concerning KIRKE MARSH	this matter t	o the following:	_
TAROUNIO	Name of P	erson	
TABS INC.			
228 E. 45TH ST. STE			-
NEW YORK, NY 1001	Addres	S	_
COMPLIANCE@TABSI		M	_
E-mail address: ( For further information concerning this mat		r future annual report notification)	
KIRKE MARSH	347,	,694-5321	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEP  3 \$70.00 Filing Fee	ARTMENT ( fee & □	DF STATE  \$78.75 Filing Fee &	Ŀ

#### 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.

f name unavai	able in Florida, enter alternate corporate	name adopte	ed for the purpose of transacti	ng business in Florida)		
DELAWA	RE	3				
(State or country under the law of which it is incorporated		ied)	d) (FEI number, if applicable)			
23 MARO	CH 2021		ERPETUAL			
(Date of incorporation)		_ 、	(Date of duration, if other	than perpetual)		
228 F 45T			S., to determine penalty liabil	lity)		
228 E. 45T	H ST. STE. 9E NEW YORK, N			2021		
	CH ST. STE. 9E NEW YORK, N (Princip	Y 10017  pal office stro	eet address) ress. if different)	2021 JUN -7		
	TH ST. STE. 9E NEW YORK, N	pal office strumailing addr	eet address) ress. if different)	2021 JUN -7		
lame and <u>stre</u> Name:	(Princip (Current et address of Florida registered agent	pal office straining addr	eet address) ress. if different)	2021		
√ame and <u>stre</u>	(Principal (Current et address of Florida registered agent Northwest Registered Ag	pal office streemailing address: (P.O. Box ent LLC	eet address) ress. if different)	2021 JUN -7		

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.



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							
<b>X</b> Chairman	Name: WOUTER DE KEIZER	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	228 E. 45TH ST. STE. 9E	□Director					
<b>X</b> President	NEW YORK, NY 10017	□President					
□Vice President		□Vice President					
□Secretary	<b>X</b> Treasurer	□Secretary		□Treasurer			
□Other		□Other	<del></del>	□Other			
□Chairman □Vice Chairman	Name:ACOB WILLEMSEN Address:	□Chairman □Vice Chairman					
Director	228 E. 45TH ST. STE. 9E	□ Director					
	NEW YORK, NY 10017	□President					
		□Vice President					
<b>X</b> Secretary	□Treasurer	□ Secretary		□Treasurer			
□Other	Other	□Other		□Other			
□Chairman □Vice Chairman □Director	Name:						
□President		□President					
		□ Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other		□Other		□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12.  Signature of Director or Officer							
	Signature of Director or	Officer					

The officer or director signing this document (and who is fisted 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.

JACOB WILLEMSEN, SECRETARY

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STOX ENERGY SOCKS 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 THIRD DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STOX ENERGY SOCKS INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2021.

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

Authentication: 203355848

Date: 06-03-21

5613949 8300 SR# 20212341825