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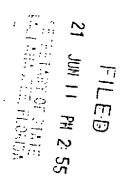
(Re	equestor's Name)				
(Address)					
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(City/State/Zip/Phone #)					
	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC	T: Palm Beach Models Inc.					
Name of corporation - must include suffix						
Dear Sir o	r Madam:					
"Certificat	sed "Application by Foreign Co e of Existence," or "Certificate renced foreign corporation to to	of Good Standi	ng" and check are submitted to			
Please retu	irn all correspondence concerni	ng this matter to	the following:			
Joseph Her	nandez					
		Name of Pe	rson			
Palm Beac	n Models Inc					
		Firm/Compa	ny			
15 E Putna	m Ave., Suite 363					
		Address				
Greenwich	CT 06830					
	r	City/State and	Zip code			
operations(@gainesvillecc.com					
	E-mail address	: (to be used for	future annual report notification	on)		
For furthe	r information concerning this m	atter, please cal	:			
Betty Rose		at (305-0837			
N	ame of Person	Area Code	Daytime Telephone Nur	nber		
(Re D) TE 24	rreet/courier address egistration Section vision of Corporations ac Centre of Tallahassee 15 N. Monroe Street, Suite 810 dlahassee, FL 32303		MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns		
Please mak	s a check for the following amore check payable to: FLORIDA DI Filing Fee \$78.75 Filin Certificate of	EPARTMENT O	78.75 Filing Fee & S8 Certified Copy Ce	7.50 Filing Fee, ertificate of Status & ertified Copy		

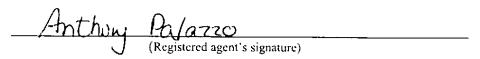
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Palm Beach M	odels Inc.			
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp." "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATIO	ON,"	
PB Models Inc				
(If name unavai	lable in Florida, enter alternate corporate name	e adopted for the purpose of transact	ting business in Florida)	
2. Delaware	3	86-3883014		
	try under the law of which it is incorporated)	(FEI number, if	applicable)	
4	5			
(Dat	e of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
6				
	(Date first transacted business (SEE SECTIONS 607,1501 & 607.1	in Florida, if prior to registration)	ility)	
7. 7300 SW 35th	Way Gainesville, FL 32608	is a continuo politico filato	,	
/·	(Principal of	fice street address)		
<u>_</u>	(Current mail:	ng address, if different)	<u>~</u>	
	(Current man	ng address, it different)		
8. Name and stre	ect address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	VCorp Services	-		
Office Address:	5011 South State Rd 7, 106		를 보고	
	Davie	 , Florida ³³³¹⁴	(1) 1년 1년 1년	
	(City)	(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.



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 Joseph Hernandez Melissa Hornung Chairman Chairman □ Chairman 7300 SW 35th Way 1296 Rowayton Cirlce □ Vice Chairman Address: ☐ Vice Chairman Address: Gainesville, FL 32608 Wellington, FL 33414 ☐ Director □Director □ President President □Vice President □Vice President □ Secretary □Treasurer ☐ Secretary □ Treasurer Operating Partner Other Co-Founder □Other ____ □Other ____ □ Chairman Name: _____ ☐ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ □Director □ Director □ President □ President □Vice President □ Vice President ☐ Secretary ☐Treasurer ☐ Secretary ☐ Treasurer 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 _____ 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. Signature of Director or Officer 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.

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

Joseph Hernandez

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

DELAWARE, DO HEREBY CERTIFY "PALM BEACH MODELS 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 NINETEENTH DAY OF MAY, A.D. 2021.



Authentication: 203248611

Jeffrey W. Bullock, Secretary of State

Date: 05-19-21