F21000003545

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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JUN 25 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Certain Affinity, Inc.				
	of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Stand	ing" and check are submi-	Business in Florida, ted to register the	,
Please return all correspondence concern	ning this matter t	o the following:		
Anna Ignatenko				
	Name of P	erson		
Certain Affinity, Inc.				185 UBE 1747 187 UBE 1747 197 UBE 1747
	Firm/Comp	any		
7680 Guadalupe Street				7.73 asc.
	Addres	S		<u> </u>
Austin, TX 78752				ာမ်း တ ကြောင်း
	City/State and	d Zip code		क्षा क्ष
aignatenko@certainaffinity.com				
E-mail addre	ss: (to be used fo	r future annual report not	fication)	
For further information concerning this	matter, please ca	11:		
Anna Ignatenko	at (590-5419		
Name of Person	Area Code	Daytime Telephor	ne Number	
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations	
Enclosed is a check for the following an Please make check payable to: FLORIDA I \$70.00 Filing Fee \$78.75 Filing Certificate	DEPARTMENT (ng Fee &		\$87.50 Filing For Certificate of St Certified Copy	

Certain Affinity Inc.

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.

(ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida	1)
Delaware	3.		
(State or country under the law of which it is incorporated) (FEI number, if applicable		(FEI number, if applicable)	
10/26/2017	5.		
(Date	of incorporation) 5	(Date of duration, if other than perpetual)	_
05/31/2021			
*	(Date first transacted business in Fl		
516 D. ON D. DI	(SEE SECTIONS 607.1501 & 607.1502,	, F.S., to determine penalty liability)	
515 EAST PARK	AVENUE 2ND FL TALLAHASSEE 32301		
	(Principal office s	<u>street</u> address)	÷ ;4;
	(Current mailing a	ddress, if different)	
Name and stree	et address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	30)
	CAPITOL CORPORATE SERVICES, INC.		
Name:			
	515 EAST PARK AVENUE 2ND FL	_	GE ₹₹
Name: Office Address:			SE SE

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 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.

DocuSign Envelope ID: 440CAC63-C343-478B-AA78-A816B2338C1D A. DIRECTORS

□Chairman	Name:	□Chairman Name:	
□Vice Chairman	7620 Guadalupe Street	□Vice Chairman Addres	s:
□ Director	Austin, TX 78752	□Director	
□President		□President	
■ Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□ Other	□Other	□Other	□Other
□Chairman	Name:	□Chairman Name: _	
□Vice Chairman	Address:	□Vice Chairman Addres	s:
Director		□Director	282
□President		□President	to our Care
□Vice President		□Vice President	# 24 # 54 / 24
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer ☐
□Other		□Other	
□Chairman	Name:	□Chairman Name:	<u> </u>
□ Vice Chairman	Address:	□Vice Chairman Addres	s:
Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	☐ Treasurer	□Secretary	☐ Treasurer
□Other	Other	Other	□Other
individuals may b	Use an attachment to report more than six (6). The age added to the index when filing your Florida Departure of Latendae OABB Signature of Directors	tment of State Annual Report for	orting purposes only. Non-indexed n.

The officer or director signing this document (and who is listed in number 11 above) aftirms 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.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CERTAIN AFFINITY, 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 FIFTH DAY OF JUNE, A.D. 2021.

6593405 8300 SR# 20211468559

Authentication: 203374202

Date: 06-05-21

. . . .



June 14, 2021

ANNA IGNATENKO CERTAIN AFFINITY, INC. 7680 GUADALUPE STREET AUSTIN, TX 78752

SUBJECT: CERTAIN AFFINITY, INC.

Ref. Number: W21000086360

We have received your document for CERTAIN AFFINITY, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Rec11/21

Letter Number: 321A00013182