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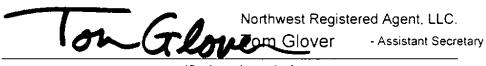
TO:	Registration Section Division of Corporate				
SUBJ	ECT: Ekster In	C.			
• • • • • • • • • • • • • • • • • •			ion	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,	n by Foreign Corporation for "Certificate of Good S corporation to transact bus	Stano	ling" and check are sub	
Please	return all correspon	ndence concerning this ma	itter	to the following:	
Kirke	Marsh				
		Name	of F	erson	
TABS	INC.				
		Firm/C	Comp	pany	
228 E	. 45TH ST. STE	9E			
		Ac	ldres	38	
New	York, NY 10017				
		City/Stat	e an	d Zip code	
		E-mail address: (to be us	ed fo	or future annual report r	notification)
				·	ionneución)
For fu	rther information co	ncerning this matter, plea	se ca	ill:	
KIRK	E MARSH	or (347		_{_)} 694-5321	
	Name of Person	Area C	Code	Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for the	e following amount:			
⊡ \$70	0.00 Filing Fee (□ \$78.75 Filing Fee & Certificate of Status	٥	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. 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.

EKSTERING	KSTERING.					
	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp," "Inc." "Co," or "Corp.")					
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transact	ing business in Florida)			
DELAWARE						
(State or count	ry under the law of which it is incorporated)	3(FEI number, if applicable)				
5 MAY 2021		5. PERPETUAL				
(Date	e of incorporation)	(Date of duration, if other than perpetual)				
PENDING R	EGISTRATION					
	(Date first transacted business in		:::			
	(SEE SECTIONS 607.1501 & 607.15	02, r.5., to determine penalty hab	mty)			
228 E. 45 TH S	ST. STE. 9E NEW YORK, NY 10017	-1 - 6° dd)				
	(Ртнегр:	al office address)				
	(Current mailin	g address, if different)				
	(Curen mann)	g address, if different)				
Name and stree	et address of Florida registered agent: (P.O	(Box NOT acceptable)				
		. 50.11 <u>1.10 7</u> 11000 p.1111/10 /				
Name:	Northwest Registered Agent, LLC.		21			
Office Address:	7901 4th St N STE 300		::" ⊆ ¬			
	St. Petersburg	. Florida 33702	FILED July 24 PM			
	= <u>*</u>	(Zip code)	me t m			
	(City)	(Zip code)				
	(City) ent's acceptance:	(Zip code)	20 E B 1			

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.
- 11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS THOMAS JUSTUS VAN DER KOLK **ELIAS RICHARD CANNEMAN** □Chairman Name: □ Chairman Name: _ □Vice Chairman Address: ____ □Vice Chairman Address: ___ 228 E. 45TH ST. STE. 9E 228 E. 45TH ST. STE. 9E **X**iDirector ∑Director NEW YORK, NY 10017 NEW YORK, NY 10017 **X**iPresident □ President □Vice President □ Vice President □ Secretary □Treasurer **⊠**Treasurer □ Secretary ☐Other _____ □Other □Other ____ ☐Other _____ Name: JACOB WILLEMSEN □ Chairman □ Chairman Name: ______ □Vice Chairman Address: □Vice Chairman Address: 228 E. 45TH ST. STE. 9E □Director □Director NEW YORK, NY 10017 □President □President □Vice President _____ □ Vice President ☐Treasurer XI Secretary □ 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 □ Secretary □ Treasurer ☐Treasurer ☐ 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. JACOB WILLEMSEN, SECRETARY

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EKSTER 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 SEVENTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EKSTER INC." WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2021.

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

Authentication: 203471778

Date: 06-17-21

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