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

Office Use Only



000371634170

08/23/21++01025-+020 *+70.00

AUG 26 2021 M. SOLOMON

COVER LETTER

	stration Section ion of Corporat	ions			
SUBJECT:					
SUBJECT:		Name of corporat	ion - mus	t include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," or	y Foreign Corporation "Certificate of Good S poration to transact bus	Standing"	and check are subn	Business in Florida." nitted to register the
Please return	all corresponde	nce concerning this ma	iter to the	following:	
Douglas Cope	land				
		Name	of Person	1	
Media Semant	ies Inc.				
		Firm/C	Company		
1037 Galvin A	ive SW				
		A	ddress		
Palm Bay, Flo	rida, 32908				
	<u></u> , ,-	City/Sta	te and Zir	code	
dougc@media	semantics.com				
	E	-mail address: (to be us	ed for fut	ure annual report n	otification)
For further in	nformation conc	erning this matter, plea	se call:		
Douglas Cope	land	425 at () 24	6-8307	
Nan	ne of Person	Area	Code	Daytime Teleph	none 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 Please make c ■ \$70.00 Fi	heck payable to:	following amount: FLORIDA DEPARTM: \$78.75 Filing Fee & Certificate of Status	□ \$78.	TATE .75 Filing Fee & tified 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.

Media Semantics			
(Enter name of co	orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate na	me adopted for the purpose of transacting bus	iness in Florida)
15. 1		50.3453330	
2. (State or country	v under the law of which it is incorporated)	(FEI number, if applicat	ple)
(Date	of incorporation)	5(Date of duration, if other than p	perpetual)
6.			
·	(Date first transacted busines (SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
7 1037 Galvin Ave	SW, Palm Bay, Florida, 32308		
/	(Principal	office street address)	
	(Current ma	ailing address, if different)	
			20:
8. Name and street	et address of Florida registered agent: ((P.O. Box NOT acceptable)	2021 AUG 23
Name:	Doug Copeland		
Office Address:	1037 Galvin Ave SW		기를 보고 있다. 기를 보고 있다.
	Palm Bay	, Florida <u>32908</u>	#N11:35
	(City)	(Zip code)	<u></u> ω
designated in this further agree to c	ed as registered agent and to accept so application, I hereby accept the appo	odul	act in this capacity. I

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 Douglas Copeland Douglas Copeland Chairman □ Chairman 1037 Galvin Ave SW 1037 Galvin Ave SW □Vice Chairman Address: ☐ Vice Chairman Address: __` Palm Bay, Florida, 32908 Palm Bay, Florida, 32908 □ Director Director □ President President □Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ □Other _____ Other ____ Douglas Copeland □ Chairman □ Chairman Name: _____ 1037 Galvin Ave SW □Vice Chairman Address: □ Vice Chairman Address: _____ Palm Bay, Florida, 32908 □ Director □ Director □President □President □Vice President ____ □ Vice President **■**Secretary □ Treasurer □ Secretary ☐Treasurer . □Other _____ □Other _____ ☐ Other _____ $\square Chairman$ Name: _____ □ Chairman Name: □ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ □Director ☐ Director □ President □President □Vice President □ Vice President □ Secretary ☐Treasurer ☐ Secretary □Treasmer □Other _____ □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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MEDIA SEMANTICS 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 TWENTY-FOURTH DAY OF JULY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDIA SEMANTICS INC." WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 1997.

Authentication: 203755020

Date: 07-24-21