F21000005395

| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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89/17/21--01017--825 **70.08

SEP 21 2021 M. SOLOMON

COVER LETTER

| | stration Section ion of Corporations | | | | | |
|---|--|-------------------|--|--|--|--|
| SUBJECT: | MyndYou, Inc. | | | | | |
| Name of corporation - must include suffix | | | | | | |
| Dear Sir or M | ladam: | | | | | |
| "Certificate o | "Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr | of Good Stand | uthorization to Transact Business in Florida." ing" and check are submitted to register the in Florida. | | | |
| Please return | all correspondence concerni | ng this matter to | o the following: | | | |
| Ruth Poliakine | -Baruchi | | | | | |
| | | Name of Pe | erson | | | |
| MyndYou, Inc | | | | | | |
| | <u></u> | Firm/Compa | any | | | |
| 145 West 67th | St | | | | | |
| | | Address | S | | | |
| New York, NY | 10023 | | | | | |
| | | City/State and | Zip code | | | |
| registrations@ | mktaxusa.com | | | | | |
| | E-mail address | : (to be used for | future annual report notification) | | | |
| For further int | ormation concerning this m | atter, please cal | l: | | | |
| Ruth Poliakine | -Baruchi | at (| 203-0100 | | | |
| Name | e of Person | Area Code | Daytime Telephone Number | | | |
| Regist Divisi The C 2415 1 | tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 bassee, FL 32303 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | |
| | check for the following amo eck payable to: FLORIDA DE ng Fee | PARTMENT O | F STATE 578.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

| "Inc.," "Co.," "C | orp," "Inc." "Co." or "Corp.") | ORATED." "COMPANY." "CORPORATION." |
|--|--|--|
| | | |
| (If name unavail | able in Florida, enter alternate corpor | orate name adopted for the purpose of transacting business in Florida) |
| Delaware | | 3 |
| (State or count | y under the law of which it is incorp- | oorated) (FEI number, if applicable) |
| | | |
| (Date | of incorporation) | 5. (Date of duration, if other than perpetual) |
| | | |
| | (Date first transacted I | business in Florida, if prior to registration) 1 & 607.1502, F.S., to determine penalty liability) |
| 145 West 67th St | , New York, NY 10023 | , . |
| | | incipal office street address) |
| | | |
| | | |
| | (Curr | rent mailing address, if different) |
| | (Curr | rent mailing address. if different) |
| Name and <u>stre</u> e | | rent mailing address, if different) gent: (P.O. Box NOT acceptable) |
| | | |
| Name: | et address of Florida registered ag Veorp Services, LLC | gent: (P.O. Box <u>NOT</u> acceptable) |
| Name: | vcorp Services, LLC 5011 South State Road 7, Suite 10 | gent: (P.O. Box <u>NOT</u> acceptable) |
| Name: | vcorp Services, LLC 5011 South State Road 7, Suite 10 | gent: (P.O. Box <u>NOT</u> acceptable) |
| Name: | vcorp Services, LLC 5011 South State Road 7, Suite 10 | gent: (P.O. Box <u>NOT</u> acceptable) |
| Name: fice Address: | Vcorp Services, LLC 5011 South State Road 7, Suite 10 Davie (City) | gent: (P.O. Box <u>NOT</u> acceptable) |
| Name: fice Address: Registered ag t wing heen nam | Vcorp Services, LLC 5011 South State Road 7, Suite 10 Davie (City) ent's acceptance: ed as registered agent and to acceptance | gent: (P.O. Box NOT acceptable) 06 Florida 33314 (Zip code) cept service of process for the above stated corporation at the plane. |
| Name: fice Address: Registered agoing been namesignated in this | Vcorp Services, LLC 5011 South State Road 7, Suite 10 Davie (City) ent's acceptance: ed as registered agent and to acception, I hereby accept the | gent: (P.O. Box NOT acceptable) 06 Florida \frac{33314}{(Zip code)} cept service of process for the above stated corporation at the pla appointment as registered agent and agree to act in this capacity. |
| Name: fice Address: Registered agiving been namisignated in this ther agree to c | vert address of Florida registered ag Veorp Services, LLC 5011 South State Road 7, Suite 10 Davie (City) ent's acceptance: ed as registered agent and to acceptable application, I hereby accept the comply with the provisions of all s | gent: (P.O. Box NOT acceptable) 06 Florida \frac{33314}{(Zip code)} cept service of process for the above stated corporation at the pla appointment as registered agent and agree to act in this capacity statutes relative to the proper and complete performance of my designation. |
| Name: fice Address: Registered agoving been namesignated in this orther agree to contact. | vert address of Florida registered ag Veorp Services, LLC 5011 South State Road 7, Suite 10 Davie (City) ent's acceptance: ed as registered agent and to acceptable application, I hereby accept the comply with the provisions of all s | gent: (P.O. Box NOT acceptable) 06 Florida \frac{33314}{(Zip code)} cept service of process for the above stated corporation at the pla appointment as registered agent and agree to act in this capacity. |
| Name: fice Address: Registered agoving been namesignated in this | vert address of Florida registered ag Veorp Services, LLC 5011 South State Road 7, Suite 10 Davie (City) ent's acceptance: ed as registered agent and to acceptable application, I hereby accept the comply with the provisions of all s | gent: (P.O. Box NOT acceptable) 06 Florida \frac{33314}{(Zip code)} cept service of process for the above stated corporation at the pla appointment as registered agent and agree to act in this capacity statutes relative to the proper and complete performance of my designation. |

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]:

DocuSign Envelope ID: 022F783C-96B9-4FD7-8A40-F2F781CAE954 A. DIRECTORS

| □Chairman | Name: Ruth Poliakine-Baruchi | □Chairman | Name: | | | | |
|---|--------------------------------------|-------------------|---------------------------|--|--|--|--|
| □Vice Chairman | 145 West 67th St | □Vice Chairman | Address: 145 West 67th St | | | | |
| Director | New York, NY 10023 | ■ Director | New York, NY 10023 | | | | |
| 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 | Other | | | | |
| □Chairman | Name: | □Chairman | Name: | | | | |
| □Vice Chairman | Address: | | 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. | | | | | | | |
| 12 | Ruthe Pali | ation | | | | | |
| Signature (or 1) firettor of Cyfficer | | | | | | | |
| 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. | | | | | | | |
| Ruth Poliakine Baruchi, CEO | | | | | | | |
| - | (Temped as males of many and the Co. | | - | | | | |

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MYNDYOU, 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-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MYNDYOU, INC."

WAS INCORPORATED ON THE FOURTEENTH DAY OF JUNE, A.D. 2018.

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

e at corn delaware pov/aut

Authentication: 203983371

Date: 08-23-21