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(R	equestor's Name)			
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(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(B	usiness Entity Name)			
(U	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation	18			
SUBJECT: Publicks House Inc	2.			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by F "Certificate of Existence." or "C above referenced foreign corporate	Certificate of Good Star	iding" and check are subm		
Please return all correspondence	e concerning this matter	to the following:		
Lawrence Principato				
	Name of	Person		
Publicks House Inc				
	Firm/Con	npany		
1937 E Atlantic Blvd. Suite106				
	Addr	USS .		
Pompano Beach, FL 33062				
	City/State a	nd Zip code	-	
larryprincipato@gmail.com				
E-ma	iil address: (to be used:	for future annual report no	tification)	
For further information concern	ing this matter, please o	call:		
Lawrence Principato	203	3 448-9484 rea Code Daytime Telephone Number		
Name of Person	Area Cod	e Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
-	DRIDA DEPARTMENT	OF STATE S78.75 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION,"	
	able in Florida, enter alternate corporate name ad		
2. Delaware	3. 8	86-3986173 (FEI number, if applicable)	
5/19/2021			
(Date	(Date of incorporation) 5.		perpetual)
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Torida, if prior to registration) 2. F.S., to determine penalty liability)	
, 1937 E Atlantic L	Blvd. Suite 107 Pompano Beach, Fl 33062		
/	(Principal office	street address)	
	(Current mailing	address, if different)	
8. Name and stree	et <u>address</u> of Florida registered agent: (P.O.	Box NOT acceptable)	2021 S
Name:	Lawrence Principato		2021 SEF 24 FM 2:30
Office Address:	4161 Ne 30th Terrace		
	Lighthouse Point (City)	. Florida 33064	56 N
	(Civ)	(Zin code)	$\omega_{r^{-}}$ Θ

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.

A. DIRECTORS	•			
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 1937 E Atlantic Blvd Suite 106	□Vice Chairman	Address:	
Director	Pompano Beach , fl 33062	□Director		
■ President		□President		
□Vice President		□Vice President	<u> </u>	
□Secretary	□Treasurer	□Secretary		□ Treasurer
□Other	□Other	□Other	<u>_</u>	□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		44-14-
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer 202
□Other	Other	□Other		
□Chairman	Name:	□Chairman	Norman	22 2
	Address:	□ Vice Chairman	Address:	- - 361 & -
□Director		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		□Other
Important Notice: Undividuals may be 12.	Use an attachment to report more than (6). The attact added to the index when filling our Florida departments. Signature of Director or	ut of S tate Annual Re	d for reporting purport form.	irposes only. Non-indexed
The officer or direc	etor signing this document (and who is listed in number		at the facts stated	herein are true and that he or

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 of 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.847.155, F.S.

13. Lawrence Principato

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "PUBLICKS HOUSE 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 SIXTEENTH DAY OF SEPTEMBER, A.D.

2021.

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

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 204174872

Date: 09-16-21

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