# V21000006435

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





400375908964

11/02/21--01019--011 \*\*70.00

121 KOY - 2 PH 4: 44

S. FRANKLIN NOV 0 9 ZOZI

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: THOUGHT N	1ACHIN	E INC.	
	of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to	e of Good Stand	ding" and check are submit	Business in Florida," ted to register the
Please return all correspondence concerr KIRKE MARSH	ing this matter	to the following:	
	Name of I	Person Person	
TABS INC.			
	Firm/Com	pany	
228 E. 45TH ST. ST	E. 9E	•	2321
NEW YORK, NY 100	Addre	SS	20N
COMPLIANCE@TABS	City/State at	•	70
		or future annual report noti	fication)
For further information concerning this r	natter, please c	all:	´ • <del>-</del>
Name of Person	at (347	,694-5321	
Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a check for the following am Rease make check payable to: FLORIDA D \$70.00 Filing Fee  \$78.75 Filin Certificate	EPARTMENT 1g Fee &	_	☐ \$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.

	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting b	usiness in Florida)	
Delawa (State or country	y under the law of which it is incorporated)	(FEI number, if applic	able)	
	TEMBER 2017 5. P	• •	aoic)	
(Date of incorporation)		(Date of duration, if other than perpetual)		
228 E. 4	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502. 5TH ST. STE. 9E NEW (Principal office s	YORK, NY 10017	, 	
	,			
	(Current mailing a	ddress, if different)	~~ ~~	
Name and stree	et address of Florida registered agent: (P.O. B	Rox NOT accentable)	2821 1107	
Name:	Northwest Registered Agent LL	<del></del> ·	- 70	
fice Address:	7901 4th St N STE 300		2 PH	
	St. Petersburg	33702		
	(City)	(Zip code)	<u>+</u>	
wing been nam signuted in this	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointmen omply with the provisions of all statutes relati	it as registered agent and agree to	act in this capacity.	

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: BEN CHARLES RICHRDS	□Chairman	Name:	of (Chris) Antoni Bujakowski
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director	228 E. 45TH ST. STE 9E NEW YORK, NEW YORK 10017	Director	228 E. 45TH ST. ST	E. 9E NEW YORK, NEW YORK 10017
⊡President		□President		
□Vice President		□Vice President		
□ Secretary		☑Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·
□Director		Director		
□President		□President		
□Vice President	<del></del>	□Vice President		
□Secretary	□Treasurer	☐ Secretary		☐Treasurer
XOther	Other	□Other		□Other
□Chairman	Nume:	□ Chairman	Name:	2
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President	<del></del>	
□Vice President		□Vice President		
□Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		□Other
	Jse an attachment to report more than six (6). The atta added to the index when filing your Florida Departme	ent of State Annual Re	port form.	

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.

#### **BEN CHARLES RICHARDS**

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THOUGHT MACHINE 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-NINTH DAY OF SEPTEMBER, 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 "THOUGHT MACHINE

INC." WAS INCORPORATED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2020

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

Authentication: 204284297

Date: 09-29-21