

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Defy Ventures, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

John Garofolo

Name of Person

Defy Ventures

Firm/Company

4600 South Syracuse Street

Address

Denver, CO 80237

City/State and Zip Code

finance@defyventures.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Moore

608

306-0215

Name of Person

at (

_____)

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Defy Ventures, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York (State or country under the law of which it is incorporated) 3. 27-3611908 (FEI number, if applicable)

4. 9/29/2010 (Date of Incorporation) 5. (Date of duration, if other than perpetual)

6. 9/6/2021 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4600 South Syracuse Street, Denver CO 80237 (Principal office street address)

(Current mailing address, if different)

8. Charitable (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kalena Schoen

Office Address: 29138 Palm Ave

Big Pine Key, Florida 33043 (City) (Zip Code)

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10. Registered agent's acceptance:

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.

Kalena Schoen

(Registered agent's signature)

11. 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.

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

A. DIRECTORS

Chairman Name: Brian Korb
 Vice Chairman Address: 5 Penn Plaza, Fl 9
 Director New York, NY 10001
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Andrew Glazier
 Vice Chairman Address: 3550 Wilshire Blvd, Suite 1550
 Director Los Angeles, CA 90010
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

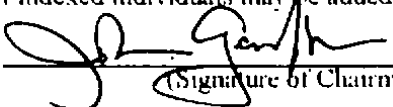
Chairman Name: John Garofolo
 Vice Chairman Address: 4600 South Syracuse Street
 Director Denver, CO 80237
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

NOTE: 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.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John Garofolo, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: DEFY VENTURES, INC.
DOS ID Number: 4001171
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/29/2010

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State
at the City of Albany, on September 14, 2021 at 11:45 A.M.

ROSSANA ROSADO, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000354192 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>