## F210000007312

(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:





300376786923

11/22/21--01089--025 \*\*180.00



## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT:	YEATFORM 1440 INC.				
	Name of corporation - must include suffix				
Dear Sir or Madam:					
	ign Corporation for Authorization to Transact Business in Florida." ificate of Good Standing" and check are submitted to register the on to transact business in Florida.				
Please return all correspondence co	ncerning this matter to the following:				
	heistine Wilkes				
	Name of Person				
	91440				
	Firm/Company				
	500 EARLE (N.				
	Redonto Beach, CA 90278				
	City/State and Zip code				
(1) 212	ddress: (to be used for future annual report notification)				
15-man a	duress. (to be used ref ruture annual report nonneadon)				
For further information concerning	this matter, please call:				
1 Westing William	15 av 30, 930-5974				
Name of Person	Area Code Daytime Telephone Number				
STREET/COURIER AD					
Registration Section Division of Corporations	Registration Section Division of Corporations				
The Centre of Tallahassee	P.O. Box 6327				
2415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810 Tallahassee, FL 32314				
Enclosed is a check for the following Please make check payable to: FLORI					
□ \$70.00 Filing Fee □ \$78.7	5 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee.				
. 1	Gertified Copy  Gertified Copy				
Vo	u cashed the first (theek for \$160.				
Vou cashed the first check for \$160- Phase send the difference BACK TO ME - INTO ABOVE.					
ME-INFO ABOUE.					

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co.," or "Corp,")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
DELAWARE (USA) 3. N/A
(State or country under the law of which it is incorporated)  (FEI number, if applicable) $\dot{V}/A$
(Date of incorporation) (Date of duration, if other than perpetual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
Principal office street address)  (Principal office street address)
8944
(Current mailing address, if different)
Name: Rest address of Florida registered agent: (P.O. Box NOT acceptable)  Name: PLAZA South 4280 GALT OCCAN DE DE
(City) (Zip code)
). Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Turther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti 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 be 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.
(see page 4 of this PACKET)

$\boldsymbol{\lambda}.$ DIRECTORS			(: 0
Chairman	Name: KERKET WASH KANNING	5□Chairman	Name: (asey fermings
√ Vice Chairman	Address: 930 TAHOE BLUD.		Address: 930 FAHOT BUT
□Director	Suit 802 #744	Director	Suite 802 #744
□President	Incline Village, NV	□President	tactive Village NV
□Vice President	8945/	□Vice President	0'8945
☐ Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	□ Other	Sother	□Other
		(	1 7
	Name: Theresia Gouw		Name: ANNA ZOENOSA
7	Address: 471 EMERSON St.	□ Vice Chairman	Address: 113( Oxford Roa
Stirector 4	PAZO ACTO, CA 9430/	Virector	Burlingane, (A 940
ElPresident		□President	
□Vice President		□Vice President	
□ Secretary	□ Treasurer	☐ Secretary	□Treasurer
⊞Other	□Other	□Other	□Other
	i/ An		2021 ***********************************
	Name: KASIA MAS	□ Chairman	Name: The Transfer Address: Name: Na
□Vice Chairman	Address: 34145 / CH	□Vice Chairman	Address: 2 2 2
Director	DANA FOINT, CH	□Director	
□ President	92629	□President	- <del> </del>
□Vice President		□Vice President	
□ Secretary	☐ Treasurer	E Secretary	☐Treasurer
□Other	□ Other	□Other	Other
Important Notice:	Use an attachment to report more than \$1.76). The attac	thment will be image	d for Aparting purposes only. Non-indexed
individuals may be	e added to the index when filing was Florida Departme	nt of State Annual Ro	
12	Signature of Director of	i british (1)	Jeanings
	ctor signing this document (and who is listed in number also information submitted in a document to the Departs		
13.	(Typed or printed name and capacity of person	n signing application	hairman)



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: PLATFORM 1440, INC.

File Number: C4629604 Registration Date: 08/19/2020

Entity Type: FOREIGN STOCK CORPORATION

Jurisdiction: DELAWARE

Status: ACTIVE (GOOD STANDING)

As of November 10, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 11, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Z2BWBVY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.