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S. ROBERTS
JAN 25 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Vest Studio Inc.				
	Name of	corporation	- must include suffix		
Dear S	ir or Madam:				
"Certi	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to tran	Good Stand	ding" and check are submitted to regis		
Please	return all correspondence concerning	this matter	to the following:		
		Name of I	Person		
		Firm/Com	pany		
		Addre	SS	<del> </del>	
	(	City/State ar	nd Zip code		
	E-mail address: (	to be used fo	or future annual report notification)		
For fu	rther information concerning this mat	ter, please ca	all:		
Alvaro Pereyra at		206	380-3948		
	Name of Person	Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	ned is a check for the following amour make check payable to: <b>FLORIDA DEP</b> . 0.00 Filing Fee	ARTMENT	\$78.75 Filing Fee & 🔲 \$87.50 I	ate of Status &	

## 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.

If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)				
Delaware 3 86-1336080						
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)				
January 1, 2021						
•		(Date of duration, if other than perpetual)				
The date which	this application is filed and accepted					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502.					
106 Canopy Oal	c Lane, Suite 403, Riverview, FL 33578	, r.s., to determine penalty habitity?				
	(Principal office					
Name and stree	(Current mailing a	ddress. if different)				
Name and <u>stree</u> Name:		ddress, if different)  Box NOT acceptable)				
	(Current mailing a et address of Florida registered agent: (P.O. B	ddress, if different)  Box NOT acceptable)				
Name:	(Current mailing a et address of Florida registered agent: (P.O. B	ddress, if different)  Box NOT acceptable)  ALLA				
Name:	(Current mailing a et address of Florida registered agent: (P.O. El Alvaro Pereyra 9106 Canopy Oak Lane, Suite 403	ddress, if different)  Box NOT acceptable)  A DAM 25  A Florida 33578				
Name: īce Address:	(Current mailing a et address of Florida registered agent: (P.O. E. Alvaro Pereyra  9106 Canopy Oak Lane, Suite 403  Riverview, Florida  (City)	ddress, if different)  Box NOT acceptable)  - TALL AND 25  Florida 33578				
Name: ice Address: Registered ago	(Current mailing a et address of Florida registered agent: (P.O. B. Alvaro Pereyra  9106 Canopy Oak Lane, Suite 403  Riverview, Florida  (City)  ent's acceptance: ed as registered agent and to accept service of	ddress, if different)  Box NOT acceptable)  A DAM 25  A Florida 33578				

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

under the law of which it is incorporated.

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

A. DIRECTORS								
☐ Chairman	Name:	□Chairman	Nome:					
	106 E 6th St, Suite 900-923 Address:							
∐Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	Austri, Texas 70701	□Director						
President		□President						
□Vice President		□Vice President						
■ Secretary	□Treasurer	☐ Secretary		□Treasurer				
Other CEO	□Other	Other		Other				
□Chairman	Name:	□Chairman	Name:	<del></del>				
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President	<del></del>					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other	□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				
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. Signature of Director or Officer								
The officer or direc	tor signing this document (and who is listed in numb	er 11 above) aftirms th	at the facts state	d herein are true and that he				

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.

, Aaron Polhamus, President, CEO and Secretary

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VEST STUDIO 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-FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VEST STUDIO INC." WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202472726

Date: 01-24-22

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