12000000873

(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:						

Office Use Only



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2022 FEB 11 PH 1: 45

RECEIVED

S. FRANKLIN FEB 1 4 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahasseë, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State
The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 2/11/2022

PRIORITY Routine

OUR REF # (Order ID#) Devon

ORDER ENTITY

Surfmyads.com, Inc.

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PI	LEAS	EĮPER	LFORI	ŊŢ	THE.	FOI	.L(OW:	ING	SE	R١	/ICES:

Surfmyads.com, Inc.

Please file the attached qualification document and provide a certified copy and certificate of status.

NOTES:

\$87.50 Authorized

Email address for annual report reminders: aydin:karadeniz@surfmyads.com?

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

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.

l. Surfmyads.co	om, Inc.						
(Enter name of c	corporation; must include "INCORPORATED." "Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"					
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bu	siness in Florida)				
Delaware	3.						
(State or count	ry under the law of which it is incorporated)	(FEI number, if applica	able)				
February 8, 20	<u>)22</u> 5						
(Date	of incorporation)	(Date of duration, if other than perpetual)					
6. February 8, 2022							
. 11767 South	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, Dixie Highway, #233, Pinecrest, FL 33156	F.S., to determine penalty liability)					
	(Principal office s	treet address)					
	(Current mailing ac	idress, if different)	2022 FEB				
. Name and stre	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	FEB.				
Name:	Incorporating services, L	ID.					
Office Address:	1540 Glenway Drive	_	PM 1:4				
	Tallariasee (City)	, Florida <u>32301</u> (Zip code)	1:45				

9. 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.

Megan Malartey, Assistant Secretary
(Registered agent's kignature)

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.

^{11.} 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: Aydin Karadeniz	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
⊠Director	11767 S. Dixie Hwy, #233	Director		
⊠ President	Pinecrest, FL 33156	□ President		
□Vice President		□Vice President		
☑ Secretary	X Treasurer	☐ Secretary		□Treasurer
□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	D0ther	Other	<u></u>	Other
				2022
□ Chairman	Name:	☐ Chairman	Name:	22 FF
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director	 -	٠.
President		□President		يون خلاب يو <u></u>
□ Vice President		□Vice President		-
□ Secretary	☐ Treasurer	☐ Secretary		☐Treasurer
□Other	Other	Other		□Other
Important Notice: L individuals may be Aydin Karas		achment will be image ent of State Annual Re	d for reporting proport form.	ourposes only. Non-indexed
	Signature of Director	or Officer		
The officer or direct she is aware that fail s.817.155, F.S.	tor signing this document (and who is listed in numbe se information submitted in a document to the Depar	er 11 above) affirms th truent of State constitu	at the facts state tes a third degre	ed herein are true and that he or the felony as provided for in
13.	Aydin Karadeniz, CEO			
	(Typed or printed name and capacity of person	on signing application)	

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SURFMYADS.COM, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SURFMYADS.COM, INC." WAS INCORPORATED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2022.

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





Authentication: 202636720

Date: 02-11-22

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