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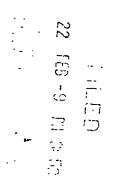
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I. LEMIEUA

COVER LETTER

TO: Registration Section Division of Corporations

BOOKWIDGETS 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:

KIRKE MARSH
Name of Person
TABS INC.
Firm/Company
228 E. 45TH ST. STE. 9E
Address
NEW YORK, NY 10017
City/State and Zip Code
COMPLIANCE@TABSINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRKE MARSH

at $(\frac{347}{\text{Area Code}})$ Daytime Telephone Number

Name of Person

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. BOOKWIDGETS INC.	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or at import in language as will clearly indicate that it is a corporation instead of a natural person or partnershi in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporate suffix by	obreviations of like p if not so contained tion.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting but	usiness in Florida)
2 DELAWARE 3	
(State or country under the law of which it is incorporated) (FEI number, if applicable	(*)
4 AUGUST 2021 5 PERPETUAL	
1. 4 AUGUST 2021 5. PERPETUAL (Date of Incorporation) 5. (Date of duration, if other than	n perpetual)
PENDING REGISTRATION (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to detail	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to dete	ermine penalty liability.)
_{7.} 228 E. 45TH ST. STE. 9E NEW YORK, NY 10017	
(Principal office street address)	
(Current mailing address, if different)	
(Current maining address, if different)	
	22
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	- 6 E
Name: Northwest Registered Agent LLC	
Office Address: 7901 4th St N STE 300	- w
St. Petersburg , Florida 33702 (Zip Code)	- : ##
(City) (Zip Code)	_
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated co lesignated in this application, I hereby accept the appointment as registered agent and agree to arther agree to comply with the provisions of all statutes relative to the proper and complete poind I am familiar with and accept the obligations of my position as registered agent.	o act in this capacity.
(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. DIRECTOR □Chairman	S BART BUCKINX	□Chairman	Name: XAVIER VAN ELSACKER
□Vice Chairman	Address:	□Vice Chairman	Address:
☑Director	228 E. 45TH ST. STE. 9E NEW YORK, NY 10017	☑Director	228 E. 45TH ST. STE. 9E NEW YORK, NY 10017
☑President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	Treasurer
□Other:	Other:	□Other:	Other:
□Chairman	Name: REMKO TRONCON	□Chairman	Name: JACOB WILLEMSEN
□Vice Chairman	Address:	□Vice Chairman	Address:
☑Director	228 E. 45TH ST. STE. 9E NEW YORK, NY 10017	□Director	228 E. 45TH ST. STE. 9E NEW YORK, NY 10017
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer		□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:
Non-indexed indit	(Typed or printed name and capacity of	our Florida Department of officer listed in number	of State Annual Report form.

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

DELAWARE, DO HEREBY CERTIFY "BOOKWIDGETS, 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 SECOND DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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

Authentication: 202558394

Date: 02-02-22

6142373 8300 SR# 20220345866