F2200001521

(Requestor's Name)
(Requestor 5 Memory
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 MAR 14 PH 12: 49 SECRETARY CI STATE FALL AMASSEC, FLORIDA

FILED



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE <u>3/14/2022</u>		**₩ALI	K IN*'
ENTITY NAME <u>NIFTY'S</u>			
DOCUMENT NUMBER			
	PLEASE FILE THE ATTACHED AND RETURN		
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
**/	Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status	2022 MAR 14	
	Certificate of Status Reflecting:	14 PH 12: 49	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	-	
COUNTRY OF DESTINATION	DN		
	ES REQUESTED		
TOTAL OWED \$ 70.00	ACCOUNT # 120160000072	、二	>-\/

Please call Tina at the above number for any issues or concerns. Thank you so much!

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 Nifty's, Inc.				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"	
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transactin	ng business in Florida)	
Delaware 2.	3.			
2. (State or country under the law of which it is incorporated) 3.		(FEI number, if applicable)		
4. ^{3/4/21}	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in I		• 、	
-	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liabil	ity)	
78 SW 7th Street	, Miami, Florida 33130			
	(Principal office	street address)		
	(Current mailing	address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	2022 SE	
Name:	Agenteo Corporate Services Inc.		TO HA	
Office Address:	3458 Lakeshore Drive		TALLAHASSFELFLORID	
	Tallahassee	Florida 32312	PH 12: 49	
	(City)	(Zip code)	is is	
0 Destatored			RID RIDE	
	ent's acceptance: <i>ied as registered agent and to accept service</i>	of process for the above state	72	

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.

(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 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.

DocuSign Envelope ID: 29DAFC54-FD1D-488F-953B-84AB315970BE A. DIRECTORS

□Chairman	Jeff Marsilio Name:	□Chairman	Name:	
Uvice Chairman	78 SW 7th Street Address:	□Vice Chairman	Address:	
Director	Miami, Florida 33130	Director		
□President		President		·····=·
□Vice President		□Vice President		
□Secretary		Secretary		Treasurer
CEO Other	Other	Other		□Other
□Chairman	John Scianna Name:	Chairman	Name:	
□Vice Chairman	78 SW 7th Street	□Vice Chairman	Address:	
Director	Miami, Florida 33130	Director		
President	<u></u>	□President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		Treasurer
Chief Gre	owth Off:	Other		□Other
□Chairman	Jason Stone	□Chairman	Name:	
□Vice Chairman	78 SW 7th Street	□Vice Chairman	Address:	
Director	Miami, Florida 33130	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 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 \$817,155, F.S.

13. Jeff Marsilio, Chief Executive Officer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIFTY'S, 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 MARCH, 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 "NIFTY'S, INC." WAS INCORPORATED ON THE FOURTH DAY OF MARCH, A.D. 2021.

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



Authentication: 202894413 Date: 03-11-22

Page 1

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