# F220000/179

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DATE: 03/25/22

NAME: BRAND3D, INC.

TYPE OF FILING: APPLICATION

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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#### **COVER LETTER**

TO:		ation Sect n of Corp				
SUBJ	ECT:	Brand3	d, Inc.			
			Name o	f corporation	n - must include suffix	
Dear S	ir or Ma	dam:				
"Certif	icate of	Existence,		of Good Star	nding" and check are su	sact Business in Florida," ubmitted to register the
Please	return al	l correspo	ndence concernin	g this matte	r to the following:	
A	rielle Pa	sco				
				Name of	Person	
St	ructure .	Law Grou	p, LLP			
				Firm/Con	пралу	
18	301 Cent	ury Park	E, Suite 475			
	•	<u> </u>		Addr	ess	
L	os Angel	es, CA 90	067			
				City/State a	nd Zip code	
			E-mail address:	(to be used	for future annual report	t notification)
For fur	ther info	rmation c	oncerning this ma	tter, please o	call:	
Ari	elle Pasc	o	2	ut ( <u>310</u>	)_818-7500	
	Name	of Person		Area Cod	e Daytime Tele	phone Number
	Registra Division The Cer 2415 N	ation Sect n of Corpo ntre of Ta	orations llahassec Street, Suite 810	:	MAILING Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27
Please n		k payable i	e following amounts: FLORIDA DEI  \$78.75 Filing Certificate of	PARTMENT Fee &	*OF STATE  \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

under the law of which it is incorporated.

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

	orporation; must include "INCORPORATED," orp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,	1
<del></del>		· · · · · · · · · · · · · · · · · · ·	
Delaware	able in Florida, enter alternate corporate name ad  3.		
(State or countr	3	(FEI number, if appl	icable)
3/15/2022	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other the	an perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ridge Drive Tampa, FL 33626		)
<del></del>	(Principal office	street address)	
	,	Santa de la company	
<del></del>	(Current mailing	address, if different)	
	(Current mailing )	address, if different)	المناسب مع
Name and stree	et address of Florida registered agent: (P.O.)		2022 517 1341
			2022 HAI SECTAL VALUATI
Name:	et address of Florida registered agent: (P.O.)		2022 HAR 21 SECTAL AS VALUATIAS
Name:	et address of Florida registered agent: (P.O.) Hans H. H. Hansen 9936 Stockbridge Drive	Box NOT acceptable)	2022 HAR 25 I
Name:	et address of Florida registered agent: (P.O.) Hans H. H. Hansen  9936 Stockbridge Drive  Tampa	Box NOT acceptable)  33623	mo <b>-0</b>
Name:	et address of Florida registered agent: (P.O.) Hans H. H. Hansen  9936 Stockbridge Drive  Tampa	Box NOT acceptable)	mo <b>-0</b>
Name:	et address of Florida registered agent: (P.O.) Hans H. H. Hansen  9936 Stockbridge Drive  Tampa  (City)	Box NOT acceptable)  33623  , Florida	
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the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

#### DocuSign Envelope ID: ED83FAA5-03B4-4706-91C4-6407E5B880E7 A. DIRECTORS Hans H. H. Hansen □Chairman Name: \_\_ □ Chairman Name: \_\_\_\_\_\_ □Vice Chairman Address: \_ ☐Vice Chairman Address: 9936 Stockbridge Drive **⊠**Director □Director Tampa, FL 33626 **⊠**President ☐ President □Vice President \_ ☐ Vice President **⊠**Secretary ☑ Treasurer ☐ Secretary ☐ Treasurer CEQ ⊠Other \_ □ Other \_\_\_\_\_ □Other \_\_\_\_ □ Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □ Director □ Director □ President ☐ President ☐ Vice President \_\_\_\_ ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □ Other COther \_\_\_\_ ☐ Other \_\_\_\_\_\_\_ □Chairman Name: ☐ Chairman Name: \_\_\_\_\_

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.

☐ Viœ Chairman

Director

□President

☐ Secretary

□Vice President

□Other \_\_\_\_

Address:

Treasurer

Other \_\_\_\_

a Itans Itansen

☐ Director

□President

☐ Secretary

□Vice President \_

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 s.817.155, F.S.

Hans H. H. Hansen, CEO

□Vice Chairman Address: \_\_\_\_\_

☐ Treasurer

COther \_\_\_\_\_

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BRAND3D 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 MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAND3D INC."

WAS INCORPORATED ON THE FIFTEENTH DAY OF MARCH, A.D. 2022.

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

Authentication: 203000284

Date: 03-24-22