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NAME: NEW THOUGHT GLOBAL AND SOULCIETE, INC.

TYPE OF FILING: APPLICATION

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COVER LETTER

	Registration Section Division of Corpo				
SUBJE	CT: New Though	at Global and Soulciete, Inc.			
COLINA		Name of corporati	on - mus	t include suffix	
Dear Sir	r or Madam:				
"Certific	cate of Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busing	anding"	and check are sub	
Please re	eturn all correspon	dence concerning this matt	er to the	following:	
Erin Fall	l Haskell				
		Name (of Person		
New Tho	ought Global and So	ulciete, Inc.			
	• •	Firm/Co	mpany		
701 S OI	live Ave. #203				
		Ado	lress		
West Pal	lm Beach, FL				
		City/State	and Zip	code	
erin@eri	infallhaskell.com				
		E-mail address: (to be used	l for futu	ire annual report i	notification)
For furth	ner information co	ncerning this matter, please	call:		
Erin Fall	Haskell	at (301	980	05646	
	Name of Person	Area Co		Daytime Telep	hone 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 ma	ake check payable to	following amount: FLORIDA DEPARTMEN S78.75 Filing Fee & Certificate of Status	□ S78.7	FATE 75 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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.

(State or country under the law of which it is incorporated) 4. June 17, 2017 (Date of incorporation) 6. Upon registration	(FEI number, if applicable) (Date of duration, if other than perpetual)
2. Delaware (State or country under the law of which it is incorporated) 3. 82 June 17, 2017 (Date of incorporation) Upon registration	(FEI number, if applicable) (Date of duration, if other than perpetual) orida, if prior to registration)
2. Delaware (State or country under the law of which it is incorporated) 3. Example 17, 2017 (Date of incorporation) Upon registration	(FEI number, if applicable) (Date of duration, if other than perpetual) orida, if prior to registration)
(State or country under the law of which it is incorporated) June 17, 2017 (Date of incorporation) Upon registration	(FEI number, if applicable) (Date of duration, if other than perpetual) orida, if prior to registration)
(Date of incorporation) Upon registration 5	(Date of duration, if other than perpetual) orida, if prior to registration)
Upon registration	orida, if prior to registration)
·	
(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	
701 S Olive Ave #203 West Palm Beach, FL 33401	
(Principal office s	street address)
(Current mailing as Name and street address of Florida registered agent: (P.O. B	AP AP
Name: Erin Fall Haskell	Sox NOT acceptable) R 20 P
ffice Address: 701 S Olive Ave #203	TO W
West Palm Beach	- Florida 33401 FLORIDE
(City)	Zip code)
Registered agent's acceptance: Laving been named as registered agent and to accept service of esignated in this application, I hereby accept the appointment or the agree to comply with the provisions of all statutes related I am familiar with and accept the obligations of my position.	t as registered agent and agree to act in this capacity. ive to the proper and complete performance of my du
(Registered agent's signat	ture)
0. Attached is a certificate of existence duly authenticated, not	

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Erin Fall Haskell □ Chairman □ Chairman Name: □Vice Chairman Address: <u>701 S Olive Ave #203</u> ☐ Vice Chairman Address: _____ ______ West Palm Beach, FL 33401 □ Director □ Director President President □Vice President ☐ Vice President \square Treasurer □ Secretary □ Secretary ☐ Treasurer □Other _____ □Other _____ ☐ Other _____ Name: _____ Name: _____ □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: ☐ Director □ Director □ President □President □Vice President _ □ Vice President □ 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 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. 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.

, Erin Fall Haskell, President



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

DELAWARE, DO HEREBY CERTIFY "NEW THOUGHT GLOBAL AND SOULCIETE,

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 FOURTEENTH DAY OF

APRIL, 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 "NEW THOUGHT GLOBAL AND SOULCIETE, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2017.

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

Authentication: 203182789

Date: 04-14-22

6444618 8300 SR# 20221457650