

W220000002952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

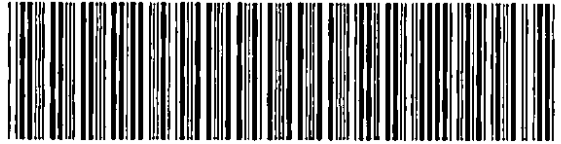
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

00611

W22-59931

Office Use Only



000386656670

FILED
2022 MAY 09 PM 4:44
DIVISION OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2022 MAY -9 AM 11:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. LEMIEUX
MAY 12 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 598848 8302554
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : April 6, 2022
ORDER TIME : 4:54 PM
ORDER NO. : 598848-005
CUSTOMER NO: 8302554

FOREIGN FILINGS

NAME: ACOUSTIK ATTAK, INC.

RECEIVED
2022 MAY 11 AM 11:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acoustik Attak, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mark Labbe

Name of Person

Acoustik Attak, Inc.

Firm/Company

26833 Wyndhurst Ct. #201

Address

Bonita Springs, FL 34134

City/State and Zip code

labbe@acoustikattak.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Labbe

at (203) 918-9362

Name of Person

Area Code

Daytime Telephone 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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2022

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: ACOUSTIK ATTACK, INC.
Ref. Number: W22000059931

We have received your document for ACOUSTIK ATTACK, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Consina Griffin-Greaux
Regulatory Specialist II

Letter Number: 622A00010726

**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.*

1. ACOUSTIK ATTACK, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ACOUSTIKS ATTACK, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 845090673

(FEI number, if applicable)

4. 03/12/2020

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 03/01/2022

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 26833 WYNDHURST CT #201, BONITA SPRINGS, FL 34134

(Principal office street address)

179 IMPERIAL AVE WESTPORT, CT 06880

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.


Assistant Vice President

(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.

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

FILED
2022 MAY 09 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☒ Chairman Name: MICHAEL DEPIETRO
☐ Vice Chairman Address: 30 ALDGATE DR E
☐ Director MANHASSET, NY 11030
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: MARK LABBE
☐ Vice Chairman Address: 26833 WYNDHURST CT #201
☒ Director BONITA SPRINGS, FL 34134
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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

817155, F.S.
Michael DePietro

(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACOUSTIK ATTAK, 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 SIXTH DAY OF MAY, 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 "ACOUSTIK ATTAK, INC." WAS INCORPORATED ON THE TWELFTH DAY OF MARCH, A.D. 2020.

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



7897916 8300

SR# 20221832328

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203367684

Date: 05-06-22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2022

CSC

Having fulfilled the requirements of section 607.1503 or 617.1503, Florida Statutes, on May 9, 2022, this Certificate of Authority is hereby issued to ACOUSTIK ATTACK, INC., a Delaware corporation, in accordance with said statute and assigned document number F22000002952. Please refer to this number whenever corresponding with this office.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please notify this office if the corporate address changes.

Should you have any questions regarding this matter, please contact this office at (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II
Registration Section
Division of Corporations

Letter Number: 922A00010949

Account number: I20000000195

Amount charged: 70.00

COVER LETTER

TO: Registration Section
Division of Corporations

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Name of corporation - must include suffix

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Mark Labbe

Name of Person

Acoustik Attak, Inc.

Firm/Company

26833 Wyndhurst Ct. #201

Address

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City/State and Zip code

labbe@acoustikattak.com

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Mark Labbe

at (203) 918-9362

Name of Person

Area Code

Daytime Telephone Number

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Division of Corporations
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

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(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/12/2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 03/01/2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

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(Principal office street address)

179 IMPERIAL AVE WESTPORT, CT 06880
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Name: Corporation Service Company

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Assistant Vice President

(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.

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: MICHAEL DEPIETRO
☐ Vice Chairman Address: 30 ALDGATE DR E
☐ Director MANHASSET, NY 11030
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

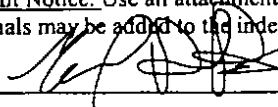
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: MARK LABBE
☐ Vice Chairman Address: 26833 WYNDHURST CT #201
☒ Director BONITA SPRINGS, FL 34134
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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☐ President _____
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Signature of Director or Officer

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817.15, F.S.
Michael DePietro

(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

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SR# 20221832328

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Jeffrey W. Bullock, Secretary of State

Authentication: 203367684

Date: 05-06-22