F220000032299

(Requestor's Name)				
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800387171978

05/06/22--01023--010 **87.50

SECRE DATA IN COME

i D

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: localposh.com. Inc			
	ion - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation is "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the		
Please return all correspondence concerning this ma	tter to the following:		
Eric Williams			
Name	of Person		
localposh			
Firm/C	ompany		
4100 Salzedo St. Suite 5			
Ad	ldress		
Coral Gables, FL, 33146			
City/Stat	e and Zip code		
eric@localposh.com			
E-mail address: (to be use	ed for future annual report notification)		
For further information concerning this matter, pleas	se call:		
Eric Williams 202	02 725-6722		
Name of Person Area C	ode 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 DEPARTME. \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	NT OF STATE □ \$78.75 Filing Fee & ■ \$87.50 Filing Fee, Certified Copy 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.

l. localposh.com,	Inc.			
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N."	
localposh, Inc				
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida)	
Delaware	3	82-5259778		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
04/16/2018	5			
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
) <u>.</u>	(Date first transacted business in			
	Suite 5, Coral Gables, FL 33146 (Principal office) Suite 5, Coral Gables, FL 33146	e <u>street</u> address)	<u> </u>	
	(Current mailing	gaddress, if different)		
8. Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)		
Name:	Eric Williams		70 73	
Office Address:	4100 Salzedo St. Suite 5		2022 HAY -6	
	Coral Gables	. Florida ³³¹⁴⁶		
	(City)	(Zip code)	## 8: 5! Tr Licate	
Danietorad and	ent's accentance		<u> </u>	

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.

(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.

A. DIRECTORS Name: Eric Williams ■ Chairman □Chairman Name: _____ □Vice Chairman Address: ___ ☐ Vice Chairman Address: _____ 4100 Salzedo St. Suite 5 Director □ Director Coral Gables, FL 33146 □President □ President ☐ Vice President □Vice President □ Secretary []Treasurer □Treasurer □ Secretary □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 _____ □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 _____ 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.

Eric Williams, Founder, Chairmna & CEO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LOCALPOSH.COM, 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 THIRTY-FIRST DAY OF MARCH, A.D.

2022.



Authentication: 203060393

Date: 03-31-22