# 1644 0000 CC 1

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificate:	s of Status
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S. FRANKLIN
JUL 1 6 2022

### **COVER LETTER**

TO: Registration Division of C					
SUBJECT: BALS.	AM BRANDS INC.				
	Name o	f corporation -	must include suffix		_
Dear Sir or Madam:					
"Certificate of Existe		of Good Standin	athorization to Transacting" and check are submin Florida.		
Please return all corr	espondence concernit	ng this matter to	the following:		
THOMAS HARMAN					
		Name of Pe	rson		_
BALSAM BRANDS I	NC.				
	-	Firm/Compa	iny		_
50 WOODSIDE PLAZ	ZA SUITE III			~1	
		Address	<del></del>	122	_
REDWOOD CITY, CA	A 94061			2022 July	
		City/State and	Zip code	, J	_
registrations@balsamb					
	E-mail address:	(to be used for	future annual report no	ntification)	_
For further informati	on concerning this ma	atter, please call	l:	 دی د	)
Samantha Buenafe	tha Buenafe at (650 ) 396-3271				
Name of Per	rson	Arca Code	Daytime Telepho	one Number	
Registration Division of C The Centre of	Corporations of Tallahassee nroc Street, Suite 810	<b>5:</b>	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Enclosed is a check f Please make check pay \$70.00 Filing Fee	for the following amo rable to: FLORIDA DE \$78.75 Filing Certificate o	PARTMENT O  g Fee &	F STATE 578.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Statu Certified Copy	ıs &

## 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.

BALSAM BRA	NDS INC.			
(Enter name of c	orporation; must include "INCORPORATE orp." "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"	
N/A				
(If name unavaila	ible in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	s in Florida)
DELAWARE		3.	47-3255205	
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
OCTOBER 10,	2014	5.	PERPETUAL	
	of incorporation)	٥.	(Date of duration, if other than perpe	tual)
July 15, 2022				
· <del></del>	AVE., FLOOR 2REDWOOD CITY, CA 9	offi	ce street address)	
- OWOODSIDE			g address, if different)	
. Name and <u>stree</u> Name:	Incorp Services, Inc.			2022 Ji''5
Office Address:	17888 6/th Court North			-0
	Loxahatchee		. Florida 33470	
	(City)		(Zip code)	 ပာ သ

#### 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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

(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: CAROLINE TUAN THOMAS HARMAN □ Chairman □Chairman □Vice Chairman Address: 50 WOODSIDE PLAZA, SUITE 111 Address: \_50 WOODSIDE PLAZA, SUITE 111 ☐ Vice Chairman REDWOOD CITY, CA 94061 REDWOOD CITY, CA 94061 Director □Director **President** □President □Vice President □Vice President ☐ Treasurer □Treasurer □ Secretary ■ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_ Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President □President □Vice President \_\_\_\_\_ ☐ Vice President Treasurer ☐ Secretary □ Treasurer □ Secretary Other\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: ☐Vice Chairman Address: □Director □Director □President □President □Vice President \_\_\_\_\_ □Vice President □Treasurer □ Secretary □Treasurer □ Secretary □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. THOMAS HARMAN, DIRECTOR 13.

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

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BALSAM BRANDS 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 SEVENTH 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 "BALSAM BRANDS INC." WAS INCORPORATED ON THE TENTH DAY OF OCTOBER, A.D. 2014.

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

2022 JUL -5 FILE



Authentication: 203120919

Date: 04-07-22

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