

F22000005360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

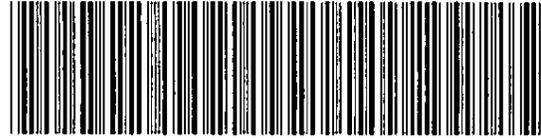
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 AUG 11 PM 3:23

REMOVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 AUG 11 AM 11:12

APPROVED
AND
FILED

AUG 24 2022

K. Brumby

W22-104154

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

ACCOUNT NO. : I20000000195
REFERENCE : 878954 4302517
AUTHORIZATION : *Spuddelema*
COST LIMIT : \$70.00

ORDER DATE : August 11, 2022
ORDER TIME : 1:44 PM
ORDER NO. : 878954-005
CUSTOMER NO: 4302517

FOREIGN FILINGS

NAME: EXPANDED EXISTENCE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Expanded Existence, 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:

Keerthi Yalamanchili

Name of Person

Pillsbury Winthrop Shaw Pittman LLP

Firm/Company

31 W 52nd Street

Address

New York, NY 10019

City/State and Zip code

keerthi.yalamanchili@pillsburylaw.com

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

For further information concerning this matter, please call:

Keerthi Yalamanchili

at (203) 5432587

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

*Expanded Existence, LLC
2706 Rew Circle
Ocoee, Florida 34761*

August 15, 2022

Re: Expanded Existence, Inc. Business Qualification in Florida

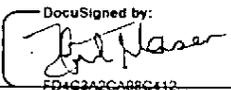
Please be advised that the undersigned is the managing member and officer of Expanded Existence, LLC, a Florida limited liability company.

I have formed a new entity, Expanded Existence, Inc. a Delaware corporation. I am the managing member and authorized signatory for Expanded Existence, LLC and the Chief Executive Officer of Expanded Existence, Inc.

Should you require additional information please feel free to contact me.

Very truly yours,

iMas Technology LLC

By: 
FD4C2A2CA88C412

Name: Robert Masson
Its: Managing Member

APPROVED
AND
FILED
2022 AUG 11 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Expanded Existence, Inc.

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

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

2. Delaware _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/22/2022 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 6/22/2022 _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2706 Rew Circle, Ocoee, FL 34761 _____
(Principal office street address)

2706 Rew Circle, Ocoee, FL 34761 _____
(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 St Ste 200 _____
Tallahassee, FL _____, Florida 32301 _____
(City) (Zip code)

2022 AUG 11 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

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.

Eyelina Baker
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: Robert Masson

Vice Chairman Address: 2706 Rew Circle

Director Ocoee, FL 34761

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Nicholas Cambata

Vice Chairman Address: 2706 Rew Circle

Director Ocoee, FL 34761

President _____

Vice President _____

Secretary _____ Treasurer _____

Other Chief Operating Officer Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Douglas Sonders

Vice Chairman Address: 2706 Rew Circle

Director Ocoee, FL 34761

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

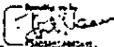
President _____

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 s.817.155, F.S.

13. Robert Masson _____
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXPANDED EXISTENCE, 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 ELEVENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXPANDED EXISTENCE, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6872803 8300

SR# 20223238556

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

Authentication: 204140416

Date: 08-11-22