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FOREIGN PROFIT/NONPROFIT CORPORATION

Roomster Corp

Certificate of Status	0
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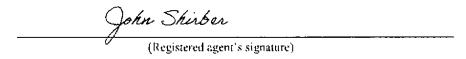
S. ROBERTS

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.

Roomster Corp				
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,	2)	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)	
NY.	3			
(State or country under the law of which it is incorporated)		(FEI number, if appl	(FEI number, if applicable)	
-	5.			
5 5		(Date of duration, if other th	(Date of duration, if other than perpetual)	
08/17/2022				
	EET, MIAMI BEACH FL, 33139 (Principal office	street address)		
	(Current mailing :	uddress, if different)		
3. Name and stree	et address of Florida registered agent: (P.O. I John Shriber	Box <u>NOT</u> acceptable)	2422 AUG 24	
office Address:	1445 16TH STREET	_	J6 24	
	MIAMI BEACH	, Florida	AH 10: 5;	
	(City)	(Zip code)	0.000	
Registered age	ent's accentance:		552	

Having been named us 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.



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.

To: Page: 3 of 6 2022-08-25 05:19:35 +14 Lexitas From. Ana Maisonave

A. DIRECTORS			
□ Chairman	John Shriber Name:	□ Chairman	Name:
□Vice Chairman	Address: 1445 16TH STREET	□Vice Chairman	Address:
□Director	MIAMI BEACH FL, 33139	□Director	
President		□President	
□Vice President		□Vice President	
☐Secretary	Treasurer	☐ Secretary	☐ Treasurer
□Other	Other	□Other	
_		-	
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	Cl'Treasurer	Secretary	☐ Treasurer
□Other	Other	□Other	□Other
□ Chairman	Name:	□ Chairman	Name:
	Address:	□Vice Chairman	Address;
□Director		□ Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	Treasurer	☐Secretary	□Treasurer
Other	Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The eadded to the index when filing your Florida Depa	rtinent of State Annual Re	eport form.
12. Signature of Director or Officer			
	ctor signing this document (and who is listed in nu		hat the facts stated herein are true and that he

The officer or director signing this document (and who is fisted 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.