Division of Corporations

# B/24/22, 10:29 AM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Number : I20160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:		
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# FOREIGN PROFIT/NONPROFIT CORPORATION FIRST TIME MEDIA INC.

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S. ROBERTS

AUG 2 4 2022

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: First Time Media Inc.					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporat "Certificate of Existence," or "Certificate of Goabove referenced foreign corporation to transact	ion for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.				
Please return all correspondence concerning this	s matter to the following:				
Sara Shelly					
N.	ame of Person				
Koenig, Oelsner, Taylor, Schoenfeld & Gaddis PC					
Fir	m/Company				
999 18th Street, Suite 1740					
	Address				
Denver, CO 80202					
City	/State and Zip code				
sshelly@kofirm.com					
E-mail address: (to b	e used for future annual report notification)				
For further information concerning this matter,	please call:				
Sara Shelly at (72	477-7149				
Name of Person A	rea 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 DEPAR'  \$70.00 Filing Fee \$78.75 Filing Fee  Certificate of State	& □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,				

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H22000286272 3

### 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.

"Inc.," "Co.," "Co	orporation; must include "INCORPORATED," "COMPANY," "CORPORA orp," "Inc," "Co," or "Corp.")	·		
(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of tran	sacting business in Florida)		
Delaware	10.000000			
(State or countr	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
August 18, 2022	5			
(Date of incorporation) 5. (Date of duration		if other than perpetual)		
	44			
	(Date first transacted business in Florida, if prior to registration (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty	Marketta A		
7 2980 McFarlane Rd, Miami, FL 33133				
(Principal office street address)				
	(Current mailing address, if different)			
Name and stree	ot address of Florida registered agent: (P.O. Box NOT acceptable)  Oded Pelled	7022 J.UG 21 F.D. 11 - 1 2		
ffice Address:	2980 McFarlanc Rd			
	Miami , Florida 33133			
	(City) (Zip code)	_		
aving been nam	ent's acceptance: ned as registered agent and to accept service of process for the above application, I hereby accept the appointment as registered agent and	stated corporation at the p d agree to act in this capac emplete performance of my		

(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]:

### H22000286272 3

### DocuSign Envelope ID: 394FB731-9D6A-4172-A877-16CF5B4556EB

s.817.155, F.S. Oded Pelled

A. DIRECTORS					
□Chairman	Name: Oded Pelled	☐ Chairman	Name:		
□Vice Chairmaл	Address: 2980 McFarlane Rd	□Vice Chairman	Address:		
Director	Miami, FL 33133	Director			
President		□President			
□Vice President		□Vice President			
Secretary	<b>■</b> 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	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 used to the index when thing 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					

(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

DELAMARE, DO HEREBY CERTIFY "FIRST TIME MEDIA INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D.

2022.

AND I DO HEREDY FURTHER CHREIFY WHAT THE DAID "FIRST WINDIA INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2022.

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

6976083 8300 SR# 20223344814

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

MSRS.

Authentication: 204234875

Date: 08-24-22