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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.

· ·					
	orporation; must include "INCORPORATED." * orp." "Inc." "Co," or "Corp.")	'COMPAN	Y." "CORPORATIO	N."	
(If name unavaila	ible in Florida, enter alternate corporate name ad	opted for th	e purpose of transacti	ng business in Florid	a)
Delaware	3 8	8-3523047			
	y under the law of which it is incorporated)		(FEI number, if a	pplicable)	
7/29/2022	5.				
(Date	of incorporation) 5	(Da	te of duration, if other	than perpetual)	
·				·······	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			lity)	
6565 Santona Str	eet #4, Coral Gables, Florida 33146		, ,	•	
' 	(Principal office	street add	ress)		
	(Current mailing	address, if o	lifferent)		_
	, u				
. Name and <u>stree</u>	n address of Florida registered agent: (P.O.		_acceptable)		
. Name and <u>stree</u> Name:	_		_acceptable)		
Name:	et address of Florida registered agent: (P.O.		_acceptable)		
Name:	et address of Florida registered agent: (P.O. Anna Berezovskaya		_acceptable) 33146		
Name:	Anna Berezovskaya 6565 Santona Street #4	Box <u>NOT</u> 			
Name: Office Address: Office Address:	Anna Berezovskaya 6565 Santona Street #4 Coral Gables (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relative with and accept the obligations of my positive to the appointment of the obligations of my positive transfer in the control of the obligations of the control of the obligations of the control of the cont	Box <u>NOT</u> FL. of process nt as regis	33146 (Zip code) s for the above state tered agent and agi	ree Wact in this ca etc performants of	pacity.
Name: Office Address: Office Address: I Registered age I aving been name lesignated in this inther agree to cond I am familian	Anna Berezovskaya Coral Gables (City) ent's acceptance: ded as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relative with and accept the obligations of my positive opens of the accept the appointment of the accept the obligations of the accept the accept the accept the accept the obligations of the accept the obligations of the accept the accep	Box <u>NOT</u> FL. of process nt as regis	33146 (Zip code) s for the above state tered agent and agi	ree Wact in this ca etc performant 301 AUG 24	pacity.
Name: Office Address: Office Address: I Registered age I aving been nam lesignated in this further agree to c and I am familian	Anna Berezovskaya 6565 Santona Street #4 Coral Gables (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relative with and accept the obligations of my positive to the appointment of the obligations of my positive transfer in the control of the obligations of the control of the obligations of the control of the cont	Box NOT FL. of process nt as regis ative to the	33146 (Zip code) s for the above state tered agent and agi	ree Wact in this ca etc performants of	pacity.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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 Anna Berezovskaya □ Chairman □ Chairman Name: 6565 Santona Street #4 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Coral Gables, Florida 33146 ■Director □Director President □ President □ Vice President □Vice President Secretary □Treasurer □ 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 _____ □Other _____ ☐ Chairman ☐ Chairman Name: Name: □Vice Chairman Address: _____ □Vice Chairman Address: □ Director □Director President □President □ Vice President ___ ☐ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □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 une 1999 and to the index when filing your Florida Department of State Annual Report form. Muna Berezouskaya 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. Anna Berezovskaya, Director (Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BORED CAT, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

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



Authentication: 204231377

Date: 08-23-22

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