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Division of Corporations

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Account Number : 120080000067

Phone : (845)425-0077 Fax Number : (845)818-3586

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annual report π	marlings. Ent	ter only on	e email address	pleaso.**

FOREIGN PROFIT/NONPROFIT CORPORATION Mysha, Inc.

Certificate of Status	0
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S. FRANKLIN

AUG 2 6 2022

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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.

(Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCORPORATED," "	COMPANY." "CORPORATION."		
(If name unavaila	ble in Florida, enter alternate corporate name add	pted for the purpose of transacting business i	n Florida)	
Delaware	8′	-1243731		
(State or country	under the law of which it is incorporated)	er the law of which it is incorporated) 3. (FEI number, if applicable)		
06/15/2021	5.			
(Date of incorporation)		(Date of duration, if other than perpet	ual)	
5590 Rain Lily Ci	., Sarasota, F1. 34238 (Principal	office address)	2022 Kilo 25 Kri	
	(Current mailing	address, if different)		
Name and stree	and address of Florida registered agent: (P.O. Marika Frumes	Box <u>NOT</u> acceptable)		
ffice Address:	5590 Rain Lily Ct.	_		
	Sarasota (City)	. Florida <u>34238</u>		
	(City)	(Zin code)		

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.



^{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.

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11. Names and business addresses of officers and/or directors;

a. DIKI	ECTORS	
Chairman	:	
Address:		
Vice Cha	innan:	
Address:		
Director:	Marika Frumes	
	5590 Rain Lily Ct., Sarasota, FL 34238	
. 1001 0.00		
Director		
Address:		
n off		7(1) 2 f 6
B. OFF	Marika Frumes	.62
	:	- 0
Address:		
		: 02
Vice Pre	sident:	
Address:		
Secretary	"	
Address:		
Treasure	Marika Frumes	
Address	5590 Rain Lily Ct., Sarasota, FL 34238	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	or directors.
12		
are true	Signature of Director or Officer icer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Departmen degree felony as provided for in s.817.155, F.S.	e facts stated herein t of State constitutes
13. <u>M</u> a	rika Frumes, CEO	
	(Typed or printed name and capacity of person signing application)	



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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MYSHA, 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-FOURTH DAY OF AUGUST, 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 "MYSHA, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JUNE, A.D. 2021.

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



Authentication: 204237189

Date: 08-24-22

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