2000005809

	(Requestor's Name)
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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S. FRANKLIN SEP 1 5 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 923129 8388273					
AUTHORIZATION : Smell de non					
COST LIMIT : 70.00					
ORDER DATE : September 2, 2022					
ORDER TIME : 9:01 AM					
ORDER NO. : 923129-005					
CUSTOMER NO: 8388273					
••	2012				
FOREIGN FILINGS					
NAME: SILIKA STUDIO INC.					
$\frac{XXXX}{2}$ 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:

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.

(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flo	
Delaware			
(State or counti	y under the law of which it is incorporated) 3.	(FEI number, if applicable)	
05/10/2022	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
5764 N Orange	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, Blossom Trl PMB 61342, Orlando, FL 32810-102 (Principal office s	F.S., to determine penalty liability) 23	
5764 N Orange	(SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty fiability) 23 street address)	
Name and stree	(SEE SECTIONS 607.1501 & 607.1502, Blossom Trl PMB 61342, Orlando, FL 32810-102 (Principal office s	F.S., to determine penalty liability) 23 dtreet address) ddress, if different)	
Name and stree	(SEE SECTIONS 607.1501 & 607.1502, Blossom Trl PMB 61342, Orlando, FL 32810-102 (Principal office set address of Florida registered agent: (P.O. Beat Corporation Service Company	F.S., to determine penalty liability) 23 24 25 26 27 28 28 29 20 20 20 20 20 20 20 20 20	

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.

By: (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.

A. DIRECTORS	· · · ·					
□Chairman	Erik Tastepe Name:	□Chairman	Name: Shandy Sulen			
□Vice Chairman	Address:	□Vice Chairman	Address: 503 Brighton Way			
■Director		Director				
■ President	Winter Garden, FL 34787	□President	Casselberry, FL 32707			
□Vice President		□Vice President				
■ Secretary	■ Treasurer	□Secretary	□Treasurer			
□ CEO □ CEO		□Other	Other			
□Chairman	Ilan Rosen Name:	□Chairman	Name:			
	19 Olive St	□Vice Chairman	Address:			
■Director		□Director				
□President	Caulfield South VIC 3162, Australia	□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	Treasurer			
Other	Other	□Other	□Other			
□ Chairman	Name:	□Chairman	Name: 2272			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director	ຫ			
□President		□President				
□Vice President		□Vice President	03			
□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 may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer						

Signature of Director of 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.

Erik Tastepe, CEO



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

DELAWARE, DO HEREBY CERTIFY "SILIKA STUDIO 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 SECOND DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILIKA STUDIO INC." WAS INCORPORATED ON THE TENTH DAY OF MAY, A.D. 2022.

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

2022 5 . 15 1. 10.00



Authentication: 204308489

Date: 09-02-22