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S. FRANKLIN SFP 19 2022

### **COVER LETTER**

VO: Registration Section Division of Corporations		
SUBJECT: Liberis US Inc.		
<del> </del>	- must include suffix	
Dear Sir or Madam;		
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standardove referenced foreign corporation to transact business	ding" and check are sub	ct Business in Florida." mitted to register the
Please return all correspondence concerning this matter KIRKE MARSH	to the following:	
Name of	Person	· · · · · · · · · · · · · · · · · · ·
TABS INC.		
228 E. 45TH ST. STE. 9E	pany	
NEW YORK, NY 10017	ess	
COMPLIANCE@TABSINC.CO	)M	
E-mail address: (to be used for further information concerning this matter, please concerning this matter).	·	iotification)
KIRKE MARSH at 347	,694-5321	
Name of Person Area Code		hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee. F	ection orporations 7
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT  S70,00 Filing Fee	OF STATE   \$78,75 Filing Fee &   Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

#### APPLICATION BY FORFIGN CORPORATION FOR ALTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLEMCE WITH SECTION 607 1800 FEORIDANIATE ITS ATHATOLOGISCAP, A EMILITA FOR REGISTER OF CREATER CORRESPONDED FOR STANDARD FOR STANDARD OF THE STANDARD OF TOPPIDA

		splied for the purpose of transactive $\sigma_{s}$ , $\sigma_{s}$ , $\sigma_{s}$ and $\sigma_{s}$ dec.
Delawa	re ,	
	y under the law of which it is incorporated)	dill number of apprecial in
<u> 20 Dece</u>	ember 2018 <sub>5</sub>	
(Date	of incorporation)	(Date of duration of other than purpose,
	(Principal office	street address)
		11 10 100
	(Current mailing a	ddress, if different)
Name and stre	(Current mailing a et address of Florida registered agent: (P.O. B	
	•	Box NOT acceptable)
Name and <u>stre</u> Name: Fice Address:	et address of Florida registered agent: (P.O. B	Box NOT acceptable)
Name:	et address of Florida registered agent: (P.O. B Northwest Registered Agent LLC	Box NOT acceptable)

#### 9. Registered agent's acceptance:

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 capacit. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my distinct and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

16. Attached is a ceroficate of exerence duly authenticated, not more than 90 days prior to delivery of the Secretary of State or other official having custody of corporate occurs of the secretary of State or other official having custody of corporate occurs of the law of which it is uncorporated.

A. DIRECTORS							
□Chairman	Name: Robertus Antonius Straathof	[]Chairman	Name: Thomas Peter Baso	rı			
□Vice Chairman	Address;	El Vice Chairman	Address:				
<b>☑</b> Director	226 E 45TH ST STE 9E NEW YORK, NY 10017	☑Director	228 E 451H ST STE 56: HEW (Class	K 11/ 1001/			
©President		□President					
□ Vice President		□Vice President					
☐ Secretary	□Treasurer	Secretary					
□Other	□Other	□Other					
□ Chairman	Name: Alexis Alexander	<b>□</b> Ch <b>a</b> irman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	228 E 45TH ST STE 9E NEW YORK, NY 10017	□Director					
President		□President					
□Vice President		□Vice President					
☑ Secretary	□Treasurer	□ Secretary	□Treasurer				
□Other	□Other	□Other	Other	· · · · · · · ·			
□Chairman	Name:	□Chairman	Name:	_ بي			
□Vice Chairman	Address:	□ Vice Chairman	Address:	1			
□Director		□Director		1			
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□ Freasurer				
Other		Other	Other				
individuals may be	Ise an attachment to report more than six (6). The attachment to the index when filing your Florida Department	achment will be imaged tent of State Annual Re	d for reporting purposes only. Non-ir port form,	ndexed			
12.	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 lalse information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$8.817.155, F.S.  Alexis Alexander, Secretary							

(Typed or printed name and capacity of person signing application)

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LIBERIS US 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 ELEVENTH 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 "LIBERIS US INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2018.

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



Authentication: 204137171

Date: 08-11-22

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