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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date:		10/04/2022	
		Acc#I2016000007	2 w: CDW
Name:	Infamou	s USA, Inc.	
Document #:		•	
Order #:	1456901	5	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
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COVER LETTER

Division of Corporations		
SUBJECT: Infamous USA, Inc.		
Name o	of corporation - mu	ist include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Standing	and check are submitted to register the
Please return all correspondence concerni	ng this matter to th	e following:
Robert Isaacson		
	Name of Perso	on
Nixon Peabody LLP		
	Firm/Company	
Exchange Place, 53 State Street		
	Address	
Boston, MA 02109		
	City/State and Zi	p code
	7. 1 1 4° 4°	
rz-maii address	; (to be used for fu	ture annual report notification)
For further information concerning this m	atter, please call:	
Robert Isaacson	617 3-	45-1000
Name of Person	Area 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

□ \$70.00 Filing Fee □ \$78.75 Filing Fee & ■ \$78.75 Filing Fee & □ \$87.50 Filing Fee.

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 ac	dopted for the purpose of transacting	g business in Florida)	-
Dalowara	·			
: (State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)	-
September 14, 2	1072			
(Date	of incorporation) 5	(Date of duration, if other t	(Date of duration, if other than perpetual)	
ı ,				_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liabili	ty)	
, 16 Newcombe St	reet, Sans Souci, New South Wales 2219, AUST	TRALIA		
· · · · · · · · · · · · · · · · · · ·		e <u>street</u> address)		-
	(Current mailing	address, if different)	in22 OCT	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		-
Name:	C T Corporation System		· " !	
Office Address:	1200 S. Pine Island Road #250			
	Plantation	, Florida 33324	· · · · · · · · · · · · · · · · · · ·	
	(City)	(Zip code)		
laving been nan lesignated in this urther agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes re- with and accept the obligations of my posi-	ent as registered agent and agro lative to the proper and complet	ee to act in this capa te performance of m	icity.
	/s/ Olga Hinkel, VP			

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	•						
Chairman	Name: Joseph Ashton	□Chairman	Name: Michelle Marie Jarman				
□Vice Chairman	Address: 16 Newcombe Street	□Vice Chairman	Address: 16 Newcombe	Street			
■Director	Sans Souci	□Director	Sans Souci				
■ President	New South Wales 2219	□President	New South Wales 2219				
□Vice President	AUSTRALIA	□Vice President	AUSTRALIA				
☐ Secretary	□Treasurer	□Secretary	≡ Treasi	irer			
□Other	Other	□Other	Other				
□Chairman □Vice Chairman	Name: Maddison April-Marie Ashton Name: 16 Newcombe Street Address: Sans Souci	□Chairman □Vice Chairman	Name:Address:				
□Director	New South Wales 2219	□Director					
□President		□President					
□Vice President	AUSTRALIA	□Vice President					
■ Secretary	□Treasurer	☐ Secretary	□Treast	irer			
□Other	□Other	□Other	□Other				
	Name:		Name:Address:				
□Director		□Director					
□President		□President					
□ Vice President		□Vice President					
☐ Secretary	☐ Treasurer	☐ Secretary	□ Treast	irer			
□ 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							

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.



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

DELAWARE, DO HEREBY CERTIFY "INFAMOUS USA, 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 FOURTH DAY OF OCTOBER, A.D. 2022.

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



Jeffrey W. Buffech, Secretary of State

Authentication: 204541163

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