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S. FRANKLIN OCT 17 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BLAHFACE, INC.		
Name of	rporation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans-	ation for Authorization to Transact Business in Florida," iood Standing" and check are submitted to register the ct business in Florida.	
Please return all correspondence concerning	nis matter to the following:	
ASHLEY ZOHAR		
	Name of Person	
BROWN HUFF ZOHAR		
	irm/Company	
6547 GUNN HWY		
-	Address	
TAMPA, FLORIDA 33625	Address 2022	
	y/State and Zip code	
ASHLEY@BHZLAW.COM	۵,	
E-mail address: (please call:	
For further information concerning this matter, please call:		
ASHLEY ZOHAR at	13 3 922-5290	
Name of Person	rea 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	
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEPA \$70.00 Filing Fee \$78.75 Filing Fee Certificate of S	& \$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. BLAHFACE, INC 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. DELAWARE (State or country under the law of which it is incorporated) 3. 85-3703740 (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6278 N. Federal Hwy, Ste. 582, Fort Lauderdale, Florida 33308 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Brown Huff Zohar Name: Office Address: 6547 Gunn Hwy Tampa (City)

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 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.

(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 Name: Aida Miller □ Chairman □ Chairman Name: _____ 6278 N. Federal Hwy, Stc. 582 □ Vice Chairman Address: __ □Vice Chairman Address: ■ Director Fort Lauderdale, Florida 33308 Director ☐ President □ President □Vice President □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer CEO Other _____ □Other ______ □ Other _____ □Other _____ □ Chairman Name: _____ ☐Chairman Name: □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □ Director □President □ President □Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other ____ □Other _____ □Other € □ Chairman Name: □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director Director ☐ President □ President □Vice President □ Vice President □ Secretary ☐ Treasurer ☐ Sccretary ☐ Treasurer 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. 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 13. Aida Miller

(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 THAT "BLAHFACE, INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2020, AT 2:07 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWELFTH

DAY OF JULY, A.D. 2022, AT 10:53 O'CLOCK A.M.

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "BLAH FACE?

LLC" TO "BLAHFACE, INC", FILED THE TWENTY-THIRD DAY OF AUGUST, ACD.

2022, AT 11:34 O'CLOCK A.M.

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-THIRD DAY OF AUGUST, A.D. 2022, AT 11:34 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "BLAHFACE, INC".

Authentication: 204461787

Date: 09-22-22

4019806 8310 SR# 20223578555