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(Re	equestor's Name)	
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707 no. -7 FT HOD

S. FRANKLIN DEC -3 2022

COVER LETTER

TO:	Registration S Division of Co				
SUR	JECT: Offsiteid	INC			
501	,EC1	Name of	corporation -	must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existen		Good Standi	uthorization to Transacting" and check are submiting Florida.	
Please	return all corres	spondence concerning	this matter to	the following:	
Samu	el Nadler				
			Name of Pe	erson	
Offsite	eio I N C				23
			Firm/Compa	any	
2337	Roscomare Rd S	Ste - 2-239			:
			Address	5	70
Los A	ngeles, CA 9007	77			ن سس
			City/State and	l Zip code	00
info@	offsiteio.com				
		E-mail address: (to be used for	r future annual report not	tification)
For fu	orther information	n concerning this mat	ter, please cal	i :	
Sam I	am Nadler at (615) 600-8340				
	Name of Pers		Area Code	Daytime Telepho	ne 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		
Please		or the following amount ble to: FLORIDA DEP \$78.75 Filing 1 Certificate of 5	ARTMENT (Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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 ad	opted for the purpose of transacting	business in Florida
Delaware 3.		88-3635760	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
8/3/2022	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	Torida, if prior to registration)	
337 Roscomare	Rd. STE 2-239, Los Angeles CA 90077	e, 1.3., to determine penalty habitity	
	(Principal office	street address)	
	•		
	(Current mailing:	address, if different)	F=2
			1072 W T
Name and stre	ct address of Florida registered agent: (P.O. l	Box NOT acceptable)	
Name:	Registered Agents Inc		1
fice Address:	7901 4 St N, STE 300		T.
ice Address.	St. Petersburg	22702	1:00
		, Florida	o
	(City)	(Zip code)	

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

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

A. DIRECTORS Samuel Nadler Jordan Metzner □ Chairman Name: □ Chairman Name: 951 Plateau Pkwy 2191 Linda Flora Dr □Vice Chairman Address: □ Vice Chairman Address: Nashville, TN 37205 Los Angeles, CA 90077 ■Director ■Director □President □President ☐ Vice President □Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer □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 ____ □Other ______ □Chairman Name: _____ □Chairman Name: □Vice Chairman Address: _____ ☐Vice Chairman Address: _____ 2 □ Director □ Director □President □President □Vice President ☐ Vice President _ ☐ Secretary ☐Treasurer □ Secretary □Treasurer □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. 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.

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

Samuel Nadler



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

DELAWARE, DO HEREBY CERTIFY "OFFSITEIO 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OFFSITEIO INC."

WAS INCORPORATED ON THE SECOND DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

2021: 1-1 P. 1:00



Authentication: 204410438

Date: 09-16-22