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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

FOREIGN PROFIT/NONPROFIT CORPORATION OFFICEUNTITLED Inc.

Certificate of Status	0
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Help

S. ROBERTS

DEC 0 7 2022

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.

(Enter name of c	NTITLED Inc. corporation: must include "INCORPORATED," " corp.," "Inc.," "Co.," or "Corp.")	COMPANY." "CORPORATION	ON,"	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transact	ting business	in Florida
. California	1 3			
(State or country under the law of which it is incorporated) (1		(FEI number, if	(FEI number, if applicable)	
04/22/2019	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
)				
	(Date first transacted business in F) (SEE SECTIONS 607.1501 & 607.1502)	orida, if prior to registration) E.S. to determine penalty liab	ilites	
7901 4th S	St N STE 300 St. Petersburg Fl	• •		
	(Principal office		- -	
7901 4th S	St N STE 300 St. Petersburg FL	33702		23
	(Current mailing ac	ldress, if different)	:- :-	2 020 055
. Name and <u>stree</u>	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		<u>i</u>
Name:	Registered Agents Inc		•	=
Office Address:	7901 4th St N STE 300			6: r
	St. Petersburg	, Florida 33702		വ
	(City)	(Zip code)		

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.

But Hame
(Revistered 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	Name: Christian Robert	□Chairman	Name: Shawn Gehle
□Vice Chairman	Address: 4200 Sepulveda Blvd Suite 104	□Vice Chairman	Address: 7901 4th St N STE 300
X Director	Culver City CA 90230	□ Director	St. Petersburg FL 33702
□President		X President	
□Vice President		□ Vice President	-11
□Secretary	□Treasurer	X Secretary	X Treasurer
□Other	□Other	□Other	□Other
□ Chairman	Name: Benjamin Anderson	⊏Chairman	Name:
□Vice Chairman	7901 4th St N STE 300		
X Director	St. Petersburg FL 33702	Director	Address:
□President		□President	
□Vice President		□Vice President	
IlSecretary	☐ Freasurer	□ Secretary	□Treasurer
Other	□Other	COther	□ Other
□Chairman	Name:	□ Chairman	Name:
	Address:		Address:
Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	C/Treasurer	□ Secretary	[□Treasurer
□Other	[]Other	□ Other	□Other
Important Notice: Undividuals may be CRobe	Ise an attachment to report more than six (6). The an added to the index when filing your Florida Department Signature of Director	ient of State Annual Rep	for reporting purposes only. Non-indexed out form.

The officer or director signing this document (and who is listed in number 1) 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.\$17.155, F.S.

13. Christian Robert Director



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: OFFICEUNTITLED INC.

 Entity No.:
 4268854

 Registration Date:
 04/22/2019

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of December 06, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 064165420

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.