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DATE: 12/09/22

NAME: AUNT SNEETCHES INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Aunt Sneetches Inc.			
~~~		of corporation - r	nust include suffix	
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good Standin	g" and check are subt	
Please	return all correspondence concerni	ing this matter to	the following:	
Sandra	Oscgueda			
		Name of Per	rson	
Weintr	aub Tobin Chediak Coleman Grodin L	aw Corporation		
	<del></del>	Firm/Compar	ny	
400 Ca	pitol Mall, 11th floor			
		Address		
Sacram	ento, CA 95814			
		City/State and	Zip code	
sosegue	eda@weintraub.com		<u> </u>	
	E-mail address	s: (to be used for :	future annual report no	otification)
For fur	ther information concerning this m	atter, please call:		
Sandra	Osegueda	916 at ()	(916 ) 558-6103	
	Name of Person	Area Code	Daytime Teleph	ione Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations
Please r	ed is a check for the following amonake check payable to: FLORIDA DE .00 Filing Fee S78.75 Filing Certificate of	EPARTMENT OF g Fee &	F STATE 78.75 Filing Fee & ertified Copy	☐ \$87.50 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
"Inc.," "Co.," "(	Corp," "Inc." "Co," or "Corp.")				
(If name unavai	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting	ng business in Florida)		
New York	3	83-3478483			
	ry under the law of which it is incorporated)	(FEI number, if ap	oplicable)		
4. 01/29/2019	5				
(Date	e of incorporation)	(Date of duration, if other	than perpetual)		
6					
		in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	ity)		
C/O ML MGMT	888 7th Avenue, FI 4, New York, NY 10106				
		fice street address)	<del></del>		
	(Current maili	ing address, if different)			
			20		
8. Name and stre	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	1221		
Name:	Paracorp Incorporated		2022 DEC 2021 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Office Address:	155 Office Plaza Drive, 1st Floor		12 E		
Office Address:		22201	PH		
	Tallahassee, FL	, Florida			
	(City)	(Zip code)	3: <u>-</u> 9		
	ent's acceptance:				
		ice of process for the above states	d cornoration at the place		
Having been nan	ned as registered agent and to accept serv				
Having been nan designated in this	s application, I hereby accept the appoint	ment as registered agent and agre	ee to act in this capacity. I		
Having been nan designated in this further agree to c		ment as registered agent and agro relative to the proper and comple	ee to act in this capacity. I		
Having been nan designated in this further agree to c	s application, I hereby accept the appoint comply with the provisions of all statutes	ment as registered agent and agro relative to the proper and comple	ee to act in this capacity. I		
Having been nan designated in this further agree to c	s application, I hereby accept the appoint comply with the provisions of all statutes	ment as registered agent and agro relative to the proper and comple osition as registered agent.	ee to act in this capacity. I		

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	•		
El Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	888 7th Avenue, Fl 4	☐ Director	
President	New York, NY 10106	President	
☐ Vice President		☐Vice President	
■ Secretary	<b>₽Т</b> геазшег	Secretary	Treasurer
Other		Other	[] Other
□Chairman	Name:	Chairman	Name:
☐Vice Chairman	Address:	□Vice Chairman	Address:
□ Director		□Director	
President		☐ President	
☐Vice President		☐ Vice President	
Secretary	☐Tressurer	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	Secretary	☐Treasurer
□ Other		☐Other	
ndividual may be  2. OG  The officer or direct	Jae an attachment to report more than six (6). The am added to the index when filing your Florida Departm SWU Signature of Director tor signing this document (and who is listed in numb law information submitted in a document to the Department of	or Officer or I I above) affirms	Report form.  that the facts stated herein are true and that he or

s.817.155, F.S.

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 12/9/2022

ENTITY NAME: Aunt Sneetches Inc.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: AUNT SNEETCHES, INC.

**DOS 1D Number:** 5484151

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 01/29/2019

Statement Status: CURRENT Statement Due Date: 01/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 09, 2022 at 08:53 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002618795 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>