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S. FRITZIN DEC 2 1 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PingPod Inc.	
Name of corp	oration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporati "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact	on for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	matter to the following:
Lauren Marsicano, Esq.	Į.
Na	mc of Person
Marsicano + Leyva, PLLC	7:37
Fire	n/Company
2625 Ponce de Leon Blvd., Suite 280	
	Address
Coral Gables, FL 33134	
City/S	itate and Zip code
LM@MLesquire.com	1
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	·
Lauren Marsicano, Esq. at (305) 721-2917
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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM \$70.00 Filing Fee	IENT OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
lable in Florida, enter alternate corporate name ad	lopted for the purpose of transacting business in Floric
3	
iry under the law of which it is incorporated)	(FEI number, if applicable)
e of incorporation)	(Date of duration, if other than perpetual)
(Principal office	street address)
(Current mailing a	address, if different)
et address of Florida registered agent: (P.O. E	Box NOT acceptable)
Lauren Marsicano, Esq.	
2625 Ponce de Leon Blvd., Suite 280	
Coral Gables	- 33134
	, Florida
	lable in Florida, enter alternate corporate name ad ry under the law of which it is incorporated) [Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 apt 23F, New York, NY 10128 [Principal office] (Current mailing a cet address of Florida registered agent: (P.O. F. Lauren Marsicano, Esq.

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					
□ Chairman	David Silberman Name:	☐ Chairman	Name: Maximilian Kogler		
☐Vice Chairman	Address:		Address: 200 E 95th St		
Director	2JS		5F		
□President	New York, NY 10011	_	New York, NY 10128		
□Vice President		☐ Vice President			
Secretary	Treasurer	☐ Secretary	☐Treasurer		
■Other CFO	Other	Other CEO			
Chairman	Namc:	□Chairman	Name:		
□Vice Chairman	94-31 60th Address:	□ Vice Chairman	Address:		
□Director	4D	Director			
□President	Elmhurst, NY 11373	□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary	☐Treasurer		
Other	Other	□Other	= 1		
□ Chairman	Name:	□Chairman }	Name:		
□Vice Chairman	Address:		Address:		
□ Director		□Director	••		
□President _		□ President _			
□Vice President _		□Vice President			
Secretary	□Treasurer	☐ Secretary	☐ Treasurer		
☐Other	Other	□Other	□Other		
Important Notice: Us individuals may be ac	e an attachment to report more than six (6). The ided to the index when filing your Florida Department	nument of State Annual Repe			
Signature of Director or Officer					
s.817.155, F.S.	r signing this document (and who is listed in nu information submitted in a document to the De	mber 11 above) affirms that partment of State constitutes	the facts stated herein are true and that he or a third degree felony as provided for in		
13. David Silberma	an, CFO				

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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PINGPOD 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINGPOD INC" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2019.

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

5 t. 1:1.6



Authentication: 204848518

Date: 11-14-22