F2300000247

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
ed Copies Certificates of Status				
c al Instructions to Filing Officer.				

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CORPORATE ACCESS, ____

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INC

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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		PICK UP:	MISTY 1/17		
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XX	РНОТОСОРУ				
	CUS		· · · · · · · · · · · · · · · · · · ·		
XX	FILING	FOR	EIGN INC		
1. 2.	MY BEAUTIFUL (CORPORATE NAME AND	DOCUMENT #)	INC.		
3.	(CORPORATE NAME AND	DOCUMENT #)			
4. 5.	(CORPORATE NAME AND	DOCUMENT #)			
_	(CORPORATE NAME AND	DOCUMENT #)			
_	(CORPORATE NAME AND	DOCUMENT #)			
SPECIAI INSTRUG					

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 unavai	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacting but	siness in Florida)
2. DELAWA	ARE3,		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applica	ble)
4. 3/1/20	18 5.	Perpetual	
(Date	e of incorporation)	(Date of duration, if other than	perpetual)
611/28/20	22		
	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,150)		
7. 64 Bank Str	cet New York, NY 10014		
· ·	(Principal office	street address)	203
500 West 4	3rd Street #16E New York, NY 10036		الله الله الله الله الله الله الله الله
<u> </u>	(Current mailing	address, if different)	
8. Name and stre	et address of Florida registered agent; (P.O.)	Box NOT acceptable)	
Name:	Registered Agent Solutions, Inc.	<u></u>	ب ج
Office Address:	155 Office Plaza Dr. Suite A		26
	Tallahassee	, Florida_32301	
	(City)	(Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela with and accept the obligations of my posit	nt as registered agent and agree to ative to the proper and complete per	act in this capacity. I
_	Jose Mejica, Assistant Sec	relary	
	(Registered agent's sign	ature)	

^{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 Terry Hart Robin Scott-Lawson □Chuirman Name □Chairman Name Address: 322 South City Court Address: ____1 Bedforbury Apt #3 □ Vice Chairman ☐ Vice Chairman 52 Peckham Grove London WC2N 4BP, UK □ Director London SE15 6AU, UK □Director President □President ☐ Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary ☐Treasurer □Other _____ □Other _____ OFFICER ☑Other □Other ______ **GChairman** 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: ☐ Director □Director □President □President ☐ Vice President ____ □Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer [JOther _____ ☐ 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. Terry Hart 13 ____

(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 "MY BEAUTIFUL CITY (USA) 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 SEVENTEENTH DAY OF JANUARY, A.D.

2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MY BEAUTIFUL CITY (USA) INC." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2018.

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

Authentication: 202506074

Date: 01-17-23