## F23000005/2

(Re	questor's Name)	
(Ad	dress)	<del></del>
	dress)	
(Au	diess)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: STRIVE SALES INC.						
Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by						
Please return all correspondence concerning this in	atter to the following:					
SHERI WESTFALL	59					
Nam	e of Person					
MASUDA, FUNAI, EIFERT & MITCHELL, LTD.	( -					
Finn/	Company					
203 N. LASALLE STREET, SUITE 2500	. ,					
A	Address					
CHICAGO, IL 60601						
City/St	ate and Zip code					
SWESTFALL@MASUDAFUNAL.COM						
E-mail address: (10 be u	sed for future annual report notification)					
For further information concerning this matter, ple	ase call:					
SHERI WESTFALL at { 312	24 57 43					
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  570.00 Filing Fee  578.75 Filing Fee & Certificate of Status						

## 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.

	orp," "[ne," "Co," or "Corp.")		
(If name unavails	ible in Florida, enter alternate corporate	e name adopted for the purpose of transacting business in Florida)	
DELAWARE  (State or country under the law of which it is incorporated)  (FEI number, if applicable)			
(State or country	y under the law of which it is incorpora	ated) (FEI number, if applicable)	
4 5/6/2022		5. (Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			
	(Date first transacted bus (SEE SECTIONS 607.1501 &	siness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	,
7. Dalton Plac	e, 29 John Dalton Street, Manc	hester, M2 6LN United Kingdom	,
-	(Princi	pal office <u>street</u> address)	-
<del></del>	(Сштеп	t mailing address, if different)	<u>_</u>
8. Name and stree Name: Office Address:	t address of Florida registered agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAL PLANTATION	)	F- 1: nC
	(City)	, Florida 33324 (Zip code)	

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

A. DIRECTORS					
□ Chairman	Name: Adam Richardson-Lambourne	Chairman	Name:		
□Vice Chainnan	Address: WeWork, Strive Sales	□ Vice Chainnan	Address:  Dalton Place, 29 John Dalton Street  Manchester, M2 6LN, United Kingdom		
Director	Dalton Place, 29 John Dalton Street	Director			
■ President	Manchester, M2 61.N, United Kingdom	□President			
□Vice President		□Vice President			
<b>Secretary</b>	□Treasurer	Lisecretary		□Treasurer	
[]Other	ClOther	Other		Other	
□Chairman □Vice Chairman ■Director	Name:  Mework, Strive Sales  Address:  Dalton Place, 29 John Dalton Street	□Chairman □Vice Chairman	Address:		
☐ President	Manchester, M2 6LN, United Kingdom	□ President			
□Vice President		□Vice President			<del></del>
☐Secretary	[]Treasurer	☐Secretary		∏freasurer	20
ElOther	Other	[]Other		Other	2013
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman			
Director		(□Director		<del></del>	
President		□President			 . c.
□ Vice President		□Vice President		···········	
☐ Secretary	[]Treasurer	∐Secretary		☐Treasurer	
□ Other	Other	Other		Other	
individuals may b  12.  The officer or dire	Use an attachment to report more than six (6). The act added to the index when filing your Florida Depart  Signature of Director signing this document (and who is listed in num false information submitted in a document to the Depart of the	ment of State Annual R  or or Officer  ther 11 above) affirms t	teport form.	ated herein are true and	that he or
13. President	ADAM RICHARDSON	<u>.</u>			

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

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STRIVE SALES 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 SIXTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRIVE SALES INC." WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES.

HAVE BEEN ASSESSED TO DATE.

Authentication: 202438175

Date: 01-06-23

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