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(Requestor's Name)						
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PICK-UP	☐ WAIT ☐ MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
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FEB 15 2023 K. Brumbley

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HERVY WNTENT STUDIO Name of corporation - m	ust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	g" and check are submitted to register the
Please return all correspondence concerning this matter to	he following:
PUSSELL GREG ASH Name of Pers HERVY CONTENT STUDI	
Name of Pers	on
HEAVY CONTENT STUDI	05 INC
912 CHANNELSIDE DR	#2612
Address	
TAMPA FL 8880	33602
City/State and 7	Zip code
billing@heavy doe	sit. com
City/State and 2 billing @ heavy doe E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
JESS MILLER at (706) Name of Person Area Code	424 5951
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 DEPARTMENT OF \$70.00 Filing Fee \$578.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status C	STATE 8.75 Filing Fee &

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.

HERVY INC (If name unavailable in Florida, enter alternate corporate							-
2. PENNSULVANIA (State or country under the law of which it is incorporate	3	83-	410	0430			_
4. 03/25/2019	_ 5			 			_
4. 03/25/2019 (Date of incorporation)		(Date of di	iration, i	l other than pe	rpetual)		
6. <u>61/04/2021</u> (Date first transacted busing (SEE SECTIONS 607.1501 & 607.15	ness in Flo	orida, if prior to	registrati	on)			-
(international contract of		1	ic perior.	, indumity,			
7. 912 Channel side Drive #26	al office s	treet address)	1 -	2-1000			-
·	_						
(Current	mailing ac	ldress, if differer	11)		· •	207	
8. Name and <u>street address</u> of Florida registered agent:	: (P.O. B	ox <u>NOT</u> accep	table)			2023 FEB 15	
Office Address: 912 Channelside	Prive	<u> </u> #2612			: 1 ::: :::::::::::::::::::::::::::::::	3	756
Tumpa-		Florida	3607 ip code)	<u>'-</u>	•	3: 29	
9. Registered agent's acceptance: Having been named as registered agent and to accept designated in this application, I hereby accept the app further agree to comply with the provisions of all state and I am familiar with and accept the obligations of a	oointmen utes relai	t as registered ive to the prop	agent aver	nd agree to a	ct in thi	is capa	icity. I

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			6
□Chairman	Name: PUSSELL ASH	□Chairman	Name: KONSTANTINOS PSIMARIS
□Vice Chairman	Address: 912 (hannelside	□Vice Chairman	Address: 1500 SACKettsford
□Director	Prive #2612,	Director	Road, lygland,
President	Tampa, FL 33002	□President	PA 18974
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	Executive ati	ve Director Dother
□Chairman	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:	□Chai r man	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	Other	Other
Important Notice: individuals may be	Use an attachment to report more than six (4). The attended to the index when filing your Florida Departn	achment will be image tent of State Annual Ro	ed for reporting purposes only. Non-indexed eport form.
12.	Signature of Director	1	
	, ,		
	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa		

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

HEAVY CONTENT STUDIOS Inc

Request Type:

Subsistence Certificate

Issuance Date: February 06, 2023

Request No.:

009242526

File No.:

0006859585

Receipt No.:

000364027

Filing Type:

Domestic Business Corporation

Filing Subtype:

Business

Initial Filling Date: March 25, 2019

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

HEAVY CONTENT STUDIOS Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Acting Secretary of the Commonwealth

Men Schmid

Verify this certificate online at www.file.dos.pa.gov