

F23000001180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

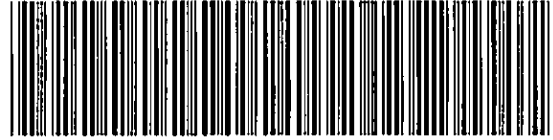
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JAN 24 PM 3:37

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crave Interactive Inc  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Paul Jeanneret

\_\_\_\_\_  
Name of Person

Crave Interactive Inc

\_\_\_\_\_  
Firm/Company

PO Box 621

\_\_\_\_\_  
Address

Cuddebackville, NY 12729

\_\_\_\_\_  
City/State and Zip code

paul.jeanneret@craveinteractive.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Jeanneret

at ( 917 ) 696-4108

\_\_\_\_\_  
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 STATE

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified 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.

1. Crave Interactive Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 27-3467629
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/15/2010 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7 East 14th St #PHO, New York, NY 10003
(Principal office street address)

PO Box 621, Cuddebackville, NY 12729
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

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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.

David Roberts

(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.

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: Gareth Hughes  
 Vice Chairman Address: PO Box 621  
 Director Cuddebackville, NY 12729  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name: Paul Jeanneret  
 Vice Chairman Address: PO Box 621  
 Director Cuddebackville, NY 12729  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

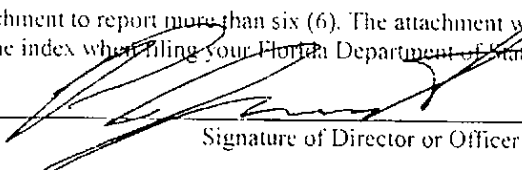
Chairman Name:  
 Vice Chairman Address:  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name:  
 Vice Chairman Address:  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name:  
 Vice Chairman Address:  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name:  
 Vice Chairman Address:  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 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.

12.   
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.

13. Paul Jeanneret, Secretary  
(Typed or printed name and capacity of person signing application)

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:	CRAVE INTERACTIVE INC
DOS ID Number:	3996032
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/15/2010
Statement Status:	CURRENT
Statement Due Date:	09/30/2022

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 January 18, 2023 at 03:37 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State