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COVER LETTER

	gistration Section vision of Corporations					
	TONIE DIN A SIING ISIG					
SUBJECT	l :	of corporation	- must include suffix			
Dear Sir or	Madam:					
Certificate	ed "Application by Foreign C of Existence," or "Certificat enced foreign corporation to	e of Good Stand	ling" and check are subr			
Please retur	rn all correspondence concert	ning this matter t	to the following:			
David Eddy						
		Name of P	erson			
D.A. Eddy.	PLLC					
		Firm/Comp	pany			
648 Northea	st Third Avenue					
	,	Addres	SS	- · · · · · · · · · · · · · · · · · · ·		
Fort Laudere	dale, FL 33304					
	· - · -	City/State an	d Zip code			
deddy@edd;	y.law					
	E-mail addre	ss: (to be used fo	or future annual report n	otification)		
For further	information concerning this	matter, please ca	ill:			
David Eddy		954 at (527-4111			
Na	ime of Person	Area Code	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	a check for the following an check payable to: FLORIDA I Filing Fee	DEPARTMENT ing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.
TRU BRANDS, INC.

Of name unavail	able in Florida, enter alternate corporate name ad-	onted for the nurnose of transac	ting business in Florida)		
Dolon ora	·		_		
2. (State or country under the law of which it is incorporated)		(FEI number, if	(FEI number, if applicable)		
11/12/2010					
(Date	of incorporation) 5	(Date of duration, if other	er than perpetual)		
01/01/2023					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		pility)		
3921 Alton Road	#295, Miami Beach, FL 33140				
·	(Principal office	street address)			
	(Current mailing	address, if different)	202		
		D. MATE. J. L.	023 HAR -3		
. Name and <u>stree</u>	et address of Florida registered agent: (P.O.)	Box <u>NOT</u> acceptable)	7 PA		
Name:	D.A. Eddy, PLLC		· · · · · · · · · · · · · · · · · · ·		
	648 Northeast Third Avenue		PH -		
Office Address:	Fort Lauderdale	, Florida <u>33304</u>	· · · · · · · · · · · · · · · · · · ·		
Office Address:		(Zip code)			
Office Address:	(City)	` ' '			

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.

(Registered agent's signature)

A. DIRECTORS				
□ Chairman	Erica Groussman Name:	□ Chairman	Name;	
□Vice Chairman	3921 Alton Road, #295 Address:	□Vice Chairman		
□Director	Miami Beach, FL 33140	Director		
□President		□President		
□Vice President		□Vice President		<u> </u>
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	CEO 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	
□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	
□Other	□Other	□Other	☐ Other	
Important Notice: Uindividuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director of Di	nt of State Annual Re	d for reporting purposes only. Non-in eport form.	dexed
The officer or direct she is aware that fals.817.155, F.S. Erica Groussma	tor signing this document (and who is listed in numbe lse information submitted in a document to the Depart	r 11 above) affirms th	at the facts stated herein are true and ites a third degree felony as provided	that he or for in

(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 "TRU BRANDS, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2023.

Authentication: 202501283

Date: 01-18-23