## F23000001345

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S. ROBERTS

MAR - 8 2023

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations				
SUBJECT: Streamlly, Inc.				
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Cer above referenced foreign corporat	rtificate of Good Stand	ding" and check are sub	ct Business in Florida." mitted to register the	
Please return all correspondence c	oncerning this matter	to the following:		
Alecia Venkataraman				
· · · · · · · · · · · · · · · · · · ·	Name of I	erson erson		
Streamlly, Inc.				
	Firm/Com	pany		
615 Channelside Dr. Ste 207				
<u> </u>	Addre	ss		
Tampa, Fl. 33602				
	City/State ar	nd Zip code		
aleciav@streamlly.com				
E-mail	address: (to be used for	or future annual report r	notification)	
For further information concerning	g this matter, please c	all:		
Alecia Venkataraman	813 at (	) 851-4430 Daytime Telep		
Name of Person	Area Code	Daytime Telep	hone 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		
_	RIDA DEPARTMENT	OF STATE   \$78.75 Filing Fee &   Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

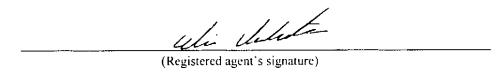
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Streamlly, Ir	ic.			
	of corporation; must include "INCORPORATED," " "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name una	vailable in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	isiness in Florida)	
2. Delaware	3.			
(State or co	3 untry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 1/29/2019	Date of incorporation) 5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
6. January 202.	3			
7 615 Channelsi	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ide Dr. Ste 207, Tampa, FL 33602	· •		
/	(Principal office	street address)		
	(Current mailing a	ddress, if different)	202: FES	
8. Name and s	treet address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	:5 :=	
Name	Alecia Venkataraman		<del></del>	
Office Address	615 Channelside Dr. Ste 207	_	: <del> </del> : 5	
	Tampa	, Florida <u>33602</u>	35	
	(City)	(Zip code)		

## 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.



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				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 615 Channelside Dr. Ste 207	□Vice Chairman	Address:	
□Director	Tampa, FL 33602	□Director		
President		□President		
□ Vice President		□Vice President		. <del></del>
Secretary	<b>■</b> 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
□Chairman	Name:	□Chairman	Name:	
	Address:			
Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	□Secretary		□Treasurer
□Other	□ Other	□Other	<del></del>	□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	ttachment will be image ment of State Annual Re	d for reporting peport form.	ourposes only. Non-indexed
12	ahi de	late		
12.	Signature of Director	or Officer		
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in num alse information submitted in a document to the Dep			
13. Alecia Venk	ataraman, President	<u> </u>		

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

DELAWARE, DO HEREBY CERTIFY "STREAMLLY, 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 EIGHTH DAY OF FEBRUARY, A.D. 2023.



Authentication: 202667521

Date: 02-08-23