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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

	**WALK IN*
ster Inc.	
PLEASE FILE	THE ATTACHED AND RETURN
Plain Copy	
Certified Copy Certificate of Status	
PLEASE OBTAIN TH	E FOLLOWING FOR THE ABOVE ENTITY
Certified Copy of Ai	-ts & Amendments -ts & Amendments Complete File (Inclading Annaal Reports)
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Certificate of Status	r Reflecting:
APOSTILLE"	/ NOTARIAL CERTIFICATION
TION NTES REQUESTEO	
18.75	ACCOUNT # 120140000108 United Corporate Services, Inc. r any issues or concerns. Thank you so much.
	**PLEASE FILE Plain Copy Certified Copy Certificate of Statas **PLEASE OBTAIN THE Certified Copy of Ai Certified Copy of Ai Certificate of Statas Certificate of Statas **APOSTILLE' TION TIES REQUESTED

under the law of which it is incorporated.

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.

 Remaster Inc. 			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	",N(,"
(If name unavaila	ble in Florida, enter alternate corporate name ad	lopted for the purpose of transacti	ng business in Florida)
2. Delaware	3	86-3966841	
	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
4. May 17, 2021	5.		
1.	of incorporation)	(Date of duration, if other	than perpetual)
6.			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		liry)
	(SEE SECTIONS 607.1501 & 607.150	2, 1, to determine penarty man	nty,
7. <u>66_W_Flagler</u>	St. STE 900, Miami, Florida 33130 (Principal office	e <u>street</u> address)	
	(i imeijai omee	invert address/	
	(Current mailing	address, if different)	- 20
)23 N
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	2023 HAR 15
Name:	United Corporate Services, Inc.		5 = 1
			
Office Address:	3458 Lakeshore Drive		
	Tallahassee	, Florida	29
	(City)	(Zip code)	
9. Registered ago	ent's acceptance:		
Having been nam	ed as registered agent and to accept service	e of process for the above state	ed corporation at the plac
designated in this	application, I hereby accept the appointme omply with the provisions of all statutes rel	ent as registered agent and agi lative to the proper and compl	ree to act in this capacity. lete performance of my du
and I am familiar	with and accept the obligations of my posi	ition as registered agent.	<u>-</u>
	Michael A. Bara President (Registered agent's sig		
_	/D 1		· —

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

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

DocuSign Envelope ID: 160BCCA9-1CD9-4532-A90D-30CF2CA0F543

A. DIRECTORS

□Chairman	Name: Alexander Henry Modell	□Chairman	Name: Raphael Wertheimer		
□Vice Chairman	Address: 66 W Flagler St, STE 900	□ Vice Chairman	Address: _ 66 W Flagler St, STE 900		
⊠Director	Miami, Florida 33130	ĭXDirector	Miami, Florida 33130		
□President		ĭ∑President			
□Vice President		□Vice President			
[™] Secretary	□Treasurer	Secretary	☐ Treasurer		
送Other COO	□Other	□Other	□ Other		
□ Chairman	Name: Max Parker Curnin	□ Chairman	Name: Samuel Lester		
□Vice Chairman	Address: 66 W Flagler St, STE 900	□Vice Chairman	Address: _66 W Flagler St., STE 900		
⊠Director	Miami, Florida 33130	(XDirector	Miami, Florida 33130		
□President		□President			
□Vice President		□Vice President	<u></u>		
□Secretary	Treasurer	Secretary	☐ Treasurer		
(XOther 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		
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. <u>Alexander Henry Modell</u> E2328ECC680: Nagnature 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. Alexander Henry Modell, Secretary



Page 1

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

DELAWARE, DO HEREBY CERTIFY "REMASTER 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 FOURTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REMASTER INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202913284

Date: 03-14-23