# F23000001542

(F	Requestor's Name)				
( <i>j</i>	Address)				
	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
([	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions	to Filing Officer:				
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S. FRANKLIN MAR 1 8 2023

### **COVER LETTER**

No.	tration Section ion of Corporations						
SUBJECT:	WWAKE, INC.						
Name of corporation - must include suffix							
Dear Sir or M	adam:						
"Certificate of		of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.				
Please return :	all correspondence concernit	ng this matter	to the following:				
Kate Bray							
		Name of I	Person				
Steirman CPAS	5		<i></i>				
	-	Firm/Com	pany				
10 West Hanov	er Ave Ste 104						
	-	Addre	\$8				
Randolph, NJ (	)7869		·				
		City/State ar	nd Zip code				
wing@wwake.	com						
	E-mail address:	(to be used f	or future annual report notification)				
For further int	formation concerning this ma	atter, please c	all:				
Kate Bray		201	) 820-3100				
Name	e 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					
	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT g Fee &	OF STATE  \$78.75 Filing Fee &  Certified Copy  Certified Copy  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.

which it is incorporate first transacted bus TIONS 607.1501 &	(Date of duration, if other than perpetual)  siness in Florida, if prior to registration)  6 607.1502, F.S., to determine penalty liability)
which it is incorporate first transacted bus TIONS 607.1501 &	3. 46-5250584  (FEI number, if applicable)  5. (Date of duration, if other than perpetual)  siness in Florida, if prior to registration)  607.1502, F.S., to determine penalty liability)
which it is incorporate first transacted bus TIONS 607.1501 &	3. 46-5250584  (FEI number, if applicable)  5. (Date of duration, if other than perpetual)  siness in Florida, if prior to registration)  607.1502, F.S., to determine penalty liability)
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(Princi	inch office eternt address:
	ipai office street address)
<u></u>	
(Curren	it mailing address, if different)
1	
-	it: (P.O. Box <u>NOT</u> acceptable)
ГЕ 300.	
	, Florida 33702
(City)	(Zip code)
	(City)  cagent and to accept

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.

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

A. DIRECTORS	-						
□Chairman	Name: Wing Yin Yau	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	277 Washington Avenue Apt. 5A	Director					
■ President	Brooklyn, NY 11205	□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		Other			
	Name	□Chairman	Name				
□Chairman 	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director		<u></u> -			
□President		□President					
□Vice President		□Vice President		· · ·			
☐ Secretary	□Treasurer	☐ Secretary		☐ Treasurer			
□Other		□Other	<del></del>	□Other			
				·			
□Chairman	Name:	□Chairman	Name:	·			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	<del></del>	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	Wing Yen Go Signature of Director o	r Officer					
	etor signing this document (and who is listed in number alse information submitted in a document to the Department	r 11 above) affirms th					

13. Wing Yin Yau

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

1. 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: WWAKE, INC.

DOS ID Number: 4554739

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 04/01/2014

Statement Status: CURRENT Statement Due Date: 04/30/2024

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 February 09, 2023 at 04:20 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002952147 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>