

F23000001788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

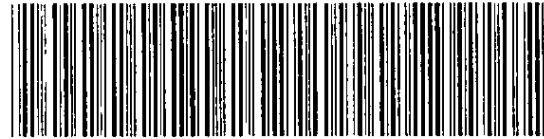
Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer.

W23-39695  
00524

Office Use Only



400405048684

APPROVED  
FILED

2023 MAR 22 AM 8:52



RECEIVED  
2023 MAR 22 PM 3:07  
CLERK OF COURT  
CLERK OF COURT

MAR 29 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2023

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: THE VINE AI INC.  
Ref. Number: W23000039695

We have received your document for THE VINE AI INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Incomplete address for officer, Aaron Pulver.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

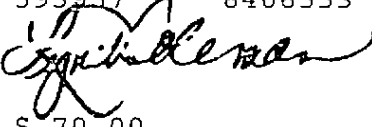
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 823A00006716

RECEIVED  
2023 MAR 28 AM 10:36  
DIVISION OF CORPORATIONS  
FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 593957 8406553  
AUTHORIZATION :   
COST LIMIT : \$ 70.00

ORDER DATE : March 17, 2023

ORDER TIME : 1:44 PM

ORDER NO. : 593957-005

CUSTOMER NO: 8406553

FOREIGN FILINGS

NAME: THE VINE AI INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Vine AI 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:

adria L dunn

Name of Person

The Vine AI Inc.

Firm/Company

1600 NE 1st Avenue Unit 1801

Address

Miami, FL 33132

City/State and Zip code

adria@thevine.earth

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

For further information concerning this matter, please call:

Paul Neumann at (303) 641-2582

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**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. THE VINE AI, 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. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/17/2023 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. 1600 NE 1st Avenue, Unit 1801 Miami, FL 33132  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.*

Corporation Service Company

By: Alexis Weiland-Sorenson, ACP  
(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.

2023 MAR 22 AM 8:52

FILED

# A. DIRECTORS

☐ Chairman Name: adria L. punn  
☐ Vice Chairman Address: 1600 NE 1st ave  
☒ Director unit 1801  
☒ President Miami, FL 33132  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other LEO ☐ Other \_\_\_\_\_

☐ Chairman Name: WARREN Raiti  
☐ Vice Chairman Address: 1345 avenue of the  
☒ Director americas  
☐ President New York, NY 10105  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: aaron pulver  
☐ Vice Chairman Address: 800 SE 4th ave  
☐ Director Suite 821  
☐ President Hollandale Beach, FL  
☐ Vice President 33009  
☐ Secretary ☒ Treasurer  
☒ Other LEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Junathon Perrelli  
☐ Vice Chairman Address: 44679 Endicott Drive  
☒ Director Suite 300  
☐ President Ashburn, VA 20147  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Paul Neumann  
☐ Vice Chairman Address: 17500 North Bay Rd  
☒ Director unit 5301  
☐ President Sunny Isles, FL  
☐ Vice President 33160  
☐ 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. Adria L. Punn  
 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. adria L. punn, president / LEO  
 (Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE VINE AI 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 TWENTY-FIRST DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE VINE AI INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

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



7305036 8300

SR# 20231086511

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202969222

Date: 03-21-23