## F23000002030

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S. FRANKLIN

APR 8 2023

## **COVER LETTER**

_	tration Section					
	Fabula Holding					
SUBJECT		Name of corporati	on - mu	st include suffix		
Dear Sir or M	adam:					
"Certificate of	f Existence," or	y Foreign Corporation for "Certificate of Good Stransion to transact busi	anding`	and check are sub	et Business ir mitted to reg	n Florida,'' ister the
Please return	all corresponde	ence concerning this mat	ter to th	e following:		
Lars Spaten						
		Name	of Perso	n	<del></del>	
Fabula Holding	gs, Inc.					2023
		Firm/C	ompany	* 1		MAR 23
2035 NE 151S	t Street					2 2 °
		Ad	dress			
North Miami E	Beach, FL 33162					
	_	City/State	and Zi	p code		PM 12: 34
lars@fabulaco						m <b>*</b>
	Е	-mail address: (to be use	d for fu	ture annual report r	otification)	
For further in	formation conc	erning this matter, pleas	e call:			
Lars Spaten		786 at (	, 4	747072		
Name	e of Person	Area C	ode	Daytime Telep	hone Numbe	Г
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			
	eck payable to:	ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE .75 Filing Fee & rtified Copy	Certifi	Filing Fec, icate of Status & Ged 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.	Fabula Holdings	, Inc.					
		orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	,			
	Fabula Coffee						
	(If name unavaila	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)			
2.	Delaware	3 84	-2598833				
~.		y under the law of which it is incorporated) 84					
4.	<del>18/31-2020</del> / (	0 -13 - 2020 5					
	(Date	of incorporation)	(Date of duration, if other tha	an perpetual)			
6.	01/01/2023						
		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida. if prior to registration) , F.S., to determine penalty liability	)			
<sub>7</sub> :	2035 NE 151st St	reet, North Miami Beach, FL 33162					
·-	(Principal office street address)						
					(23م) در الماري		
		(Current mailing a	ddress, if different)	R 2	G Strike G Strike		
_			NOT LINE	. ω			
8.	Name and stree	t address of Florida registered agent: (P.O. E	sox <u>NO1</u> acceptable)		9		
	Name:	Michael Lappage	<u> </u>	10 13	وس		
Of	Tice Address:	2035 NE 151st Street		2023 MAR 23 PM 12: 34			
		North Miami Beach	, Florida <u>33162</u> (Zip code)				
		(City)	(Zip code)				
Q	Registered age	nt's acceptance:					
Ha	iving been nam	ed as registered agent and to accept service					
		application, I hereby accept the appointment			-		
an	riner agree io co d I am familiar	omply with the provisions of all statutes rela with and accept the obligations of my positi	uve to the proper and complete on as registere <del>d a</del> gent.	perjormance of my	· unnes,		
	•						
		. ) \( \mathcal{V} \)					
		~ papy	1/2				
		(Registered agent's signa	npre)				

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					
<b>■</b> 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	
□Chaiπnan	Name:	☐ Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director	4		
□President		□President			
□Vice President		□ Vice President		,	
☐ Secretary	□Treasurer	□Secretary		☐ Treasurer 23	
□Other	Other	Other		Other T	
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairmaл		23 PHI2: 34	
Director		□Director	<del></del>		
□President		□President		<del></del>	
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other		Other	
individuals may be	Use an attachment to report more than six (6). The attacted added to the index when filing your Florida Department Signature of Director of Signature of Director of the signing this document (and who is listed in number also information submitted in a document to the Department.)	nt of State Annual R r Officer r 11 above) affirms t	eport form.	I herein are true and that he or	
	INS SPATEN, CHAIRM	AN			

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FABULA HOLDINGS, 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 THIRTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FABULA HOLDINGS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2020.

2023 MAR 23 PM 12: 34

Authentication: 202905517

Date: 03-13-23