

F23000002223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

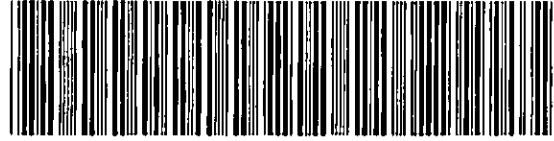
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 APR 14 AM 11:39



RECEIVED
2023 APR 14 AM 11:43

S. ROBERTS

APR 17 2023



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext:
Date: 04/14/23
Order #: 674705-1
Re: Prestige Worldwide Operations, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
I20000000195

AUTHORIZATION:

A handwritten signature in black ink, appearing to read "Eyliena Baker", is written over the word "AUTHORIZATION".

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prestige Worldwide Operations, 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:

Carolina Becerra

Name of Person

Morrison & Foerster

Firm/Company

707 Wilshire Boulevard, Suite 6000

Address

Los Angeles, CA 90017-3543

City/State and Zip code

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

For further information concerning this matter, please call:

Carolina Becerra at (213) 892-5357

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 &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 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.

1. Prestige Worldwide Operations, 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. March 29, 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. 620 W. 42nd Street, Apt. 34K NY, NY 10036
(Principal office street address)
- _____
(Current mailing address, if different)

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

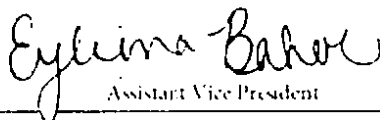
Name: Corporation Service Company

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.


Assistant Vice President

(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.

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

2023 JUL 14 11:39

A. DIRECTORS

☒ Chairman Name: Mark Moran
620 W. 42nd Street, Apt. 34K
☐ Vice Chairman Address: New York, New York 10036
☒ Director
☐ President
☐ Vice President
☒ Secretary ☐ Treasurer
☒ Other CEO; CFO ☐ Other _____

☐ Chairman Name: Louis Stathis
620 W. 42nd Street, Apt. 34K
☐ Vice Chairman Address: New York, New York 10036
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other (see below) Head of Business Operations ☐ Other _____

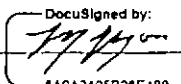
☐ Chairman Name: Thomas C. Loucas
620 W. 42nd Street, Apt. 34K
☐ Vice Chairman Address: New York, New York 10036
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Grant Chevrier
620 W. 42nd Street, Apt. 34K
☐ Vice Chairman Address: New York, New York 10036
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other (see below) Head of Business Development ☐ Other _____

☐ Chairman Name: John Stathis
620 W. 42nd Street, Apt. 34K
☐ Vice Chairman Address: New York, New York 10036
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
Address: _____
☐ 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.  6A9A3105B26E400 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. Mark Moran
(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 "PRESTIGE WORLDWIDE OPERATIONS, 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 APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRESTIGE WORLDWIDE OPERATIONS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2023.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7379140 8300

SR# 20231437780

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203138027

Date: 04-13-23