F23000004218

(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:							
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W23000072308							

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2023

CSC 1201 HAYS STREET TALLAHASSEE, FL 32301 US

SUBJECT: DEPT MARKETING CREATIVE, INC.

Ref. Number: W23000072308

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

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.

Corey Pettway Regulatory Specialist II

Letter Number: 423A00011479

Please give original submission date as file date.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 631917 8297823

AUTHORIZATION

COST LIMIT : (\$ \220.00

ORDER DATE: April 3, 2023

ORDER TIME : 1:57 PM

ORDER NO. : 631917-300

CUSTOMER NO: 8297823

FOREIGN FILINGS

NAME: DEPT MARKETING CREATIVE, 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: Johnnie Myers, Jr -- EXT# 62631

EXAMINER:

COVER LETTER

TO:		tration Section on of Corporations									
SUBJ	FCT.										
Name of corporation - must include suffix											
Dear S	ir or M	adam:									
"Certif	ficate of		tificate of Good St	anding"	and check are sub	ct Business in Florida," omitted to register the					
Please	return a	all correspondence co	oncerning this matt	er to the	following:						
			Name o	of Person							
	_		Firm/Co	mpany							
			Add	lress							
			City/State	and Zip	code						
	 	E-mail	address: (to be used	l for futu	re annual report	notification)					
For fur	ther inf	ormation concerning	this matter, please	call:							
			at ()							
	Name	of Person	Area Co	ode	Daytime Telep	hone Number					
	Regist Divisi The C 2415 I	ET/COURIER AD tration Section on of Corporations entre of Tallahassee N. Monroe Street, St assee, FL 32303			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7					
	nake che	•	IDA DEPARTMEN	□ \$78.7	CATE 25 Filing Fee & fied Copy	\$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.	DEPT MARKETING CREATIVE, INC.								
(Enter name of c	corporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	ED,	' "COMPANY," "CORPORATIO	N,"					
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting	ng business in Florida)					
Delaware		3	30-0990300						
··	untry under the law of which it is incorporated)		(FEI number, if applicable)						
05/02/2017		5							
· ·	e of incorporation)	٠.	(Date of duration, if other	than perpetual)					
5. 07/01/2022									
	(Principal o	offi	ce <u>street</u> address)						
	(Current ma	ilin	g address, if different)						
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company									
Office Address:	1201 Hays Street			FILE					
	Tallahassee		. Florida 32301	AM IO: OF STA					
	(City)		(Zip code)						
Registered ag	ent's accentance			<u> </u>					

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.

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.

DocuSign Envelope ID: 297D8952-3946-47B1-AD49-261F90028991

A. DIRECTORS François Louis Schmid Alisa Kuno Chairman □ Chairman □ Vice Chairman Address: _____ ☐Vice Chairman Address: _____ 31-35 India Street, Boston, MA 02210 31-35 India Street, Boston, MA 02210 ■ Director □ Director President □ President ☐ Vice President □Vice President ■ Secretary ☐ Treasurer □ Secretary ☐ Treasurer Chief Financial Officer □Other ____ □ Other Name: ____ Name: _____ □ Chairman □ Chairman □Vice Chairman Address: ___ ☐ Vice Chairman Address: 36 E. 20th Street, #6, New York, New York 10003 ■ Director □ Director □President □President ■ Vice President ____ □Vice President ☐ Secretary □Treasurer ☐ Treasurer ☐ Secretary □Other _____ Other _____ □Other _____ ☐ Other _____ □ Chairman Name: Name: □ Chairman □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 individual 9 mifjelted added to the index when filing your Florida Department of State Annual Report form. 41988A81A6A84C8_ 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.
, Francois Louis Schmid (President)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DEPT MARKETING CREATIVE, 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 SEVENTEENTH DAY OF MAY, 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 "DEPT MARKETING CREATIVE, INC." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2017.

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

Authentication: 203370683

Date: 05-17-23