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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ARKHAUS Inc.			
	of corporation	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to to	of Good Sta	anding" and check are submitted	
Please return all correspondence concerni	ng this matt	er to the following:	
Sam Payrovi			
	Name o	f Person	
ARKHAUS Inc.			
	Firm/Co	mpany	
675 Hudson Street, Suite 3S			
	Ado	lress	
New York, NY 10014			
	City/State	and Zip code	
hello@arkhaus.club			
E-mail address	: (to be used	for future annual report notifica	tion)
For further information concerning this m	atter, please	call:	
Sam Payrovi	at (	684-5222	
Name of Person	Area Co		lumber
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions
Enclosed is a check for the following amore Please make check payable to: FLORIDA DI \$70.00 Filing Fee \$78.75 Filin Certificate of	E <mark>PARTMEN</mark> g Fec &	S78.75 Filing Fee & S Certified 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.

•	•	pted for the purpose of transacting business in Flo	orida)
Delaware	3. <sup>87</sup>	(FEI number, if applicable)	
(State or country under the la	aw of which it is incorporated)	(FEI number, if applicable)	
11/16/2021	5		
(Date of incorporat	ion)	(Date of duration, if other than perpetual)	_
(0.5)	(Date first transacted business in Fl		
· ·	E SECTIONS 607.1501 & 607.1502,		
ARKHAUS (c/o The Hub), 15	01 BISCAYNE BLVD Suite 500, 1	Miami FL 33132	
		<u>-</u>	
	(Principal office s	treet address)	
675 Hudson Street, Suite 3S, N	(Principal office s	treet address)	207
	(Principal office s	ddress, if different)	2023 A
	(Principal office s	cn cn	2023 AUS
675 Hudson Street, Suite 3S, N	(Principal office s	ddress, if different)	2023 AU6 - 1
675 Hudson Street, Suite 3S, N  Name and <u>street address</u> of	(Principal office § New York, NY 10014  (Current mailing act) Florida registered agent: (P.O. B	ddress, if different)	
Name and street address of	(Principal office see York, NY 10014  (Current mailing active of the PAIVA	ddress, if different)  fox NOT acceptable)	
Name and street address of	(Principal office see York, NY 10014  (Current mailing active of the PAIVA	ddress, if different)  fox NOT acceptable)	2023 AUG - 1 111 - STAI
675 Hudson Street, Suite 3S, No. Name and street address of Name: NATH	(Principal office § New York, NY 10014  (Current mailing act) Florida registered agent: (P.O. B	ddress, if different)  fox NOT acceptable)  YME BLVD Suite 500	

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.

(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.

#### A. DIRECTORS Sam Payrovi **□**Chairman □ Chairman Name: 675 Hudson Street 3S □Vice Chairman Address: ☐ Vice Chairman Address: New York, NY 10014 □ Director □ Director President ☐ President ☐Vice President ☐ Vice President **X**Treasurer Secretary . ☐ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ Chairman Name: \_\_\_\_\_ Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman □ Director Director ☐ President □ President □Vice President \_ ☐ Vice President ☐ Secretary Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_ Other Other □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 \_\_\_\_\_ 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. 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.

Sam Payrovi

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARKHAUS 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 JULY, 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 "ARKHAUS INC."

WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 203803066

Date: 07-21-23

6395440 8300 SR# 20233058391