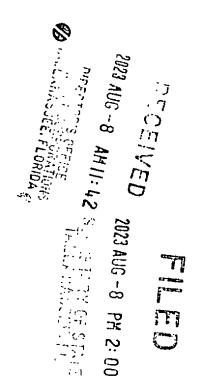
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	(Requestor's Name)	 .
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



000413368680



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 924271 8419574

AUTHORIZATION : SAR ARE THE SAR AR

FOREIGN FILINGS

NAME: TALENT RADAR, 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			
SUBJI	ECT: Talent Radar, Inc.			
		me of corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreigr leate of Existence," or "Certific referenced foreign corporation	cate of Good Standi	ng" and check are subm	
Please	return all correspondence conc	erning this matter to	the following:	
Joseph	M. O'Brien			
		Name of Po	erson	
Talent	Radar, Inc.			
		Firm/Compa	any	
1111 B	alboa Avenue			
		Address	S	
Dayton	a Beach, FL 32114			
		City/State and	Zip code	
joseph.	obrien@gmail.com			
	E-mail add	ress: (to be used for	future annual report not	ification)
For fur	ther information concerning thi	is matter, please cal	1:	
Joseph	M O'Brien	at (845	5984685	
	Name of Person	Area Code) Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please n	ed is a check for the following anake check payable to: FLORIDA 00 Filing Fee	A DEPARTMENT Of iling Fee &	OF STATE 578.75 Filing Fee & 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.

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)		
Delaware	3	93-2267907		
(State or country under the law of which it is incorporated)				
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
1111 Balboa Ave	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 nue, Daytona Beach, FL 32114	2. r.s., to determine penanty natimity)		
	(Principal office	street address)		
	(Current mailing	address, if different)		
Name and stree	(Current mailing a et address of Florida registered agent: (P.O. left Corporation Service Company	address, if different) Box NOT acceptable)		
Name:	et address of Florida registered agent: (P.O. l	Box <u>NOT</u> acceptable)		
Name:	Corporation Service Company 1201 Hays Street	Box <u>NOT</u> acceptable)		
	Corporation Service Company 1201 Hays Street	Box NOT acceptable)		

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.

(Registered agent's signature)

A. DIRECTORS Joseph M. O'Brien Name: ■ Chairman □Chairman Name: 1111 Balboa Avenue ☐ Vice Chairman Address: □Vice Chairman Address: Daytona Beach, FL 32114 ☐ Director □ Director □ President □President □Vice President □Vice President □ Secretary □Treasurer □ 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 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. Joseph M. OBrien 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.

🌊 Joseph M. O'Brien - Chairman



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

DELAWARE, DO HEREBY CERTIFY "TALENT RADAR, 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 SEVENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TALENT RADAR,

INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2023.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203911744

Date: 08-07-23

7526814 8300 SR# 20233185455

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	ECT: Talent Ra	dar, Inc.			
5626		Name of	corporation -	must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existenc		Good Stand	uthorization to Transact ng" and check are subm in Florida.	
Please	return all corresp	ondence concerning	this matter t	o the following:	
Joseph	M. O'Brien				
			Name of Po	erson	
Talent	Radar, Inc.				
			Firm/Comp	any	
шв	Balboa Avenue				
			Addres	S	
Dayton	na Beach, FL 3211-	1			
	<u>.</u> .	(City/State and	l Zip code	
joseph.	.obrien@gmail.con	1			
-		E-mail address: (to be used for	future annual report no	tification)
For fur	ther information	concerning this matt	er, please cal	1:	
Joseph M O'Brien 845) 5984685 Daytime Telephone Number			
	Name of Perso	n	Area Code	Daytime Telepho	one Number
	Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please r		the following amount to: FLORIDA DEPA 578.75 Filing F Certificate of S	ARTMENT C	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy