

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number: 850-417-6163

From: Account Name: MORGAN SERVICES, INC
 Account Number: 123456789
 Phone: 850-421-0017
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Please enter the email address for this business entity to be used for future annual report mailings. Enter only the email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

20ten Creative Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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. 20ten Creative 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. 08/18/2023 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7 Penn Plaza, Suite 210, New York, NY 10001
(Principal office street address)

(Current mailing address, if different)

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

Name: Vcorp Agent Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

[Handwritten signature]

(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]:

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A. DIRECTORS

Chairman Name: Oliver Blitz

Vice Chairman Address: 7 Penn Plaza, Suite 210
New York, NY 10001

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Tracey Day

Vice Chairman Address: 7 Penn Plaza, Suite 210
New York, NY 10001

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Alan Nuttall

Vice Chairman Address: 7 Penn Plaza, Suite 210
New York, NY 10001

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

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 ALBANY, NY

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

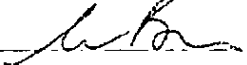
President _____

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.  _____
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. Oliver Blitz, President/CEO _____
(Typed or printed name and capacity of person signing application)

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "20TEN 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 THIRTIETH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "20TEN CREATIVE INC" WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2023.

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

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ALABAMA
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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20233379488

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

Authentication: 204066854

Date: 08-30-23