## F23000005085

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: |20000000088

Date:	09/01/2023	
Name:	CHRIS	_
Reference	#: <b>2102665</b>	_
	ne:ABS/	AVAGE INC
	cles of Incorporation/Authorization	
☐ Am	endment	
☐ Cha	ange of Agent	
∏ Rei	nstatement	
Cor	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
<b>✓</b> Oth	ner CERTIFIE	D COPY UPON FILING
Authorized	d Amount: \$78.75	

F: 800.944.6607

## **COVER LETTER**

TO:	O: Registration Section Division of Corporations							
SHRI	UBJECT: ABSAVAGE INC							
., <b>C D</b> 0	LC1.	Name	of corporat	tion - mus	st include suffix	· · · · · · ·		
Dear S	Sir or Madam:							
"Certi		," or "Certificat	e of Good S	Standing"	and check are sub-	et Business in Florida," mitted to register the		
Please	return all correspo	ondence concert	ning this ma	itter to the	following:			
			Daniel	O. Offner				
			Name	of Person	n			
			0&/	A, P.C.				
			Firm/C	Company				
		11812	San Vicente	Bouleva	rd Suite 380			
			A	ddress				
			Los Angele	es. CA 90	049			
		·	City/Sta	te and Zip	o code			
			oalegal@d	•				
	•	E-mail addre	ss: (to be us	ed for fut	ure annual report n	otification)		
For fu	rther information c	oncerning this	matter, plea	se call:				
	Daniel O. Of	fner	at (42	(4 )	299-8	915		
	Name of Person		Area (	Code	Daytime Telepl	none 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				
Please	sed is a check for the make check payable 0.00 Filing Fee		DEPARTMI	□ \$78.	TATE 75 Filing Fee & tified Copy	S87.50 Filing Fee. Certificate of Status &		

## . 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Corp.")  SWEATSONIC INC  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  Delaware  3.  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  37 North Orange Avenue Suite 222. Orlando, Florida 32801  (Principal office street address)  (Current mailing address, if different)  Name:  Cogency Global Inc.  Tallahassee, Florida  (City)  Registered agent's acceptance:
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  Obelaware  3. (State or country under the law of which it is incorporated)  O2/11/2022  5. (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  37 North Orange Avenue Suite 222. Orlando, Florida 32801  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Cogency Global Inc.  Tallahassee, Florida  (City)  Tallahassee, Florida  (City)  (FEI number, if applicable)  (Date of duration, if other than perpetual)
(State or country under the law of which it is incorporated)  O2/11/2022  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  37 North Orange Avenue Suite 222, Orlando, Florida 32801  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Cogency Global Inc.  115 North Calhoun Street, Suite 4  Tallahassee, Florida  (City)  (FEI number, if applicable)  (Date of duration, if other than perpetual)
(State or country under the law of which it is incorporated)  O2/11/2022  (Date of incorporation)  (Date of incorporation if other than perpetual)
(Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  37 North Orange Avenue Suite 222. Orlando, Florida 32801  (Principal office street address)  (Current mailing address. if different)  Name: Cogency Global Inc.  Name: Cogency Global Inc.  115 North Calhoun Street, Suite 4  Tallahassee, Florida  (City)  Florida 32301  (Zip code)
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  37 North Orange Avenue Suite 222. Orlando, Florida 32801  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Cogency Global Inc.  Tallahassee, Florida  (City)  Tallahassee, Florida  (Zip code)
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  37 North Orange Avenue Suite 222. Orlando, Florida 32801  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Cogency Global Inc.  115 North Calhoun Street, Suite 4  Tallahassee, Florida  (City)  (City)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  37 North Orange Avenue Suite 222. Orlando, Florida 32801  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Cogency Global Inc.  115 North Calhoun Street, Suite 4  Tallahassee, Florida  (City)  (City)
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Cogency Global Inc.     Tallahassee, Florida   Tallahassee, Florida     (City)   (Zip code)     Courrent mailing address, if different     ART
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Cogency Global Inc.  115 North Calhoun Street, Suite 4  Tallahassee, Florida  (City)  (Zip code)
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Name: Cogency Global Inc.  115 North Calhoun Street, Suite 4  Tallahassee, Florida (City)  Cogency Global Inc.  115 North Calhoun Street, Suite 4  (Zip code)
Name: Cogency Global Inc.  115 North Calhoun Street, Suite 4  Tallahassee, Florida (City)  Cogency Global Inc.  115 North Calhoun Street, Suite 4  (City)  City (Zip code)
fice Address:  Tallahassee, Florida  (City)  Tallahassee, Florida  (Zip code)
(City) (Zip code)
(City) (Zip code)
(City) (Zip code)
Registered agent's acceptance:
wing been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m
Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa further agree to comply with the provisions of all statutes relative to the proper and complete performance of m and I am familiar with and accept the obligations of my position as registered agent.  Mariallia Julianes  (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]:

A. DIRECTORS					
□Chairman	Name:	Steven Spence	□Chairman	Name:	
□Vice Chairman	Address: _	37 North Orange Avenue	□Vice Chairman	Address:	
■Director		Suite 222,	□Director		
■President	C	orlando, Florida 32801	□President		
□Vice President			□Vice President		
■ Secretary		Treasurer	□Secretary		□Treasurer
□Other		□Other	□Other		□Other
□Chairman	Name:		□Chairman	Name:	
□Vice Chairman	Address: _		□Vice Chairman	Address:	
□Director			Director		
□President			□President		
□Vice President			□Vice President		<u></u>
Secretary		□Treasurer	☐ Secretary		□Treasurer
□Other		□Other	□Other		Other
□Chairman	Name:		□Chairman	Name:	
□Vice Chairman	Address: _	<u>-</u> .	□Vice Chairman	Address:	_
□Director			□Director		
□President		<u> </u>	□President		
□Vice President			□Vice President		
□Secretary		□Treasurer	Secretary		□Treasurer
□Other		□Other	□Other		□Other
individuals may be	added to th	hment to report more than six (6). To e index when filing your Florida De Signature of Dir	partment of State Annual R		g purposes only. Non-indexed
V					
		this document (and who is listed in			

s.817.155, F.S.



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

DELAWARE, DO HEREBY CERTIFY "ABSAVAGE 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-SEVENTH 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 "ABSAVAGE INC"
WAS INCORPORATED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 203840513

Date: 07-27-23