F2300005169

(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:				
w23-60333				

Office Use Only



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2023 SEP -5 PH 1: 22

APPROVED FILED

RECEIVED

SEP 11 2023 K. Brumbley



April 26, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: IMMERSIVE DREAM TECH, INC.

Ref. Number: W23000060333

We have received your document for IMMERSIVE DREAM TECH, INC. and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

TALLARY OF TURBUR

Letter Number: 823A00009400

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FLORIDA CAPITAL COURIER 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	SERVICES, INC
Please use funds from this acc Authorization Signature:	ount: I20210000160 \$ 7 0 · ⁵⁰ Doc. #
Certified Copy of Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP LLLP	AmendmentResignation of R.AChange of Registered AgenRevocation of DissolutionMergerConversionAmended and restated AStatement of Authority
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual ReportFictitious Name	_X_ Foreign filing Limited Partnership Reinstatement
APOSTILLE Country	Other

COVER LETTER

•	stration Section sion of Corporations				
SUBJECT:	Immersive Dream Tech, Inc.				
SCEALCT.		of corporation - mu	st include suffix		
Dear Sir or M	ladam:				
"Certificate of	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Standing'	and check are subm		
Please return	all correspondence concerni	ng this matter to th	e following:		
Ahmet Burcin	Gurbuz				
		Name of Perso	on		
Immersive Dr	eam Tech, Inc.				
		Firm/Company	,		
4100 N Powe	rline Rd Ste B2				
		Address			
Pompano Bea	ch/FL 33073				
		City/State and Z	p code		
burcin@atlas.	space , pinar@atlas.space				
	E-mail address	: (to be used for fu	ture annual report no	otification)	
For further in	nformation concerning this m	atter, please call:			
Pinar Oncu		at ()_5	37-6112		
Nan	ne of Person	Area Code	Daytime Teleph	one 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		
Enclosed is a Please make o	t check for the following amount heck payable to: FLORIDA Dilling Fee	EPARTMENT OF g Fee & \square \$78	STATE 3.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

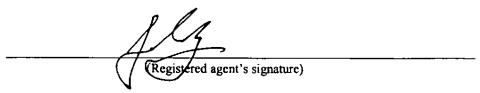
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Immersive Drea	ım Tech, Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transac	cting business in Florida)
Delaware 2.	3	35-2726353	
	y under the law of which it is incorporated)	(FEI number, if	applicable)
4. Sept 7th, 2021	5.		
(Date	of incorporation)	(Date of duration, if oth	er than perpetual)
6. 01-01-2023			
·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		bility)
2598 E. Sunrise I	Blvd. Suite 2104 Fort Lauderdale, FL, 33304	• •	•
·		ce street address)	
4100 N Powerlin	ne Rd Ste B2 Pompano Beach/FL 33073		
-	(Current mailin	g address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O). Box <u>NOT</u> acceptable)	2023 SEP
Name:	Bassam Kattoura		- 湯か (型50
Office Address:	4100 N Powerline Rd Ste B2		5 PR
	Pompano Beach/FL 33073	, Florida 33073	
	(City)	(Zip code)	<u>22</u>

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.



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 Chairman Vice Chairman Director President	Address: Ahmet Burcin Gurbuz 4100 N Powerline Rd Ste B2 Pompano Beach, FL 33073	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President	Address:		
	☐Treasurer				
□Secretary □Other		□ Secretary □ Other		☐Treasurer ☐Other	
□ Director □ President	Name:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Address:	☐Treasurer ☐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. 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 of the control of th					

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 Ahmet Burcin Gurbuz

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IMMERSIVE DREAM TECH, 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 FIFTH DAY OF SEPTEMBER, 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 "IMMERSIVE DREAM TECH, INC." WAS INCORPORATED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2021.

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



Authentication: 204091127

Date: 09-05-23