F230000061361

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(Address)				
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(Document Number)				
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k, Brumbley



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2023

CORP ACCESS

SUBJECT: HOBBY BOX, INC. Ref. Number: W23000149705

We have received your document for HOBBY BOX. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L20000331873.

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 Letter Number: 723A00025521

TALLAHASSEE, FLORID

2023 NOV -9 AM II: 1 9

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	FOREIGN INC
<u>]</u>	HOBBY BOX, INC. CORPORATE NAME AND DOCU	JMENT #)
(CORPORATE NAME AND DOCU	JMENT #)
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- (CORPORATE NAME AND DOCU	JMENT #)
(CORPORATE NAME AND DOCU	JMENT #)

under the law of which it is incorporated.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	corporation; must include "INCORPORATED." " Corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION."		
Hobby Box	App, Inc.			
Delaware	lable in Florida, enter alternate corporate name add		,	,
November 1, 20	ry under the law of which it is incorporated) 23			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in Fi (SEE SECTIONS 607.1501 & 607.1502 lvd., Ste. 4-811, Aventura, FL, 33180	, F.S., to determine penalty liability	·)	_
	(Principal office	(treet address)		
	(Cintipal office	11001033)		
	(Current mailing a	ddress, if different)	2023 NC	-
Name and <u>stre</u>		ddress, if different)	2023 NOV - 9	FILE
Name:	(Current mailing a	ddress, if different)		FILED
	(Current mailing a et address of Florida registered agent: (P.O. E David Marcus 2033 Biscayne Blvd., Ste. 4-811 Aventura	ddress, if different) Box NOT acceptable) 33180 , Florida	2023 NOV -9 AM 10: 15	FILED
Name: ice Address:	(Current mailing a et address of Florida registered agent: (P.O. E David Marcus 2033 Biscayne Blvd., Ste. 4-811 Aventura (City)	ddress, if different) Box NOT acceptable)		FILED
Name: ce Address: Registered aging been namignated in this her agree to c	(Current mailing a et address of Florida registered agent: (P.O. E David Marcus 2033 Biscayne Blvd., Ste. 4-811 Aventura	ddress, if different) Sox NOT acceptable) 33180 _, Florida	corporation at the	plac acity.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

DocuSign Envelope ID: C9570CB6-235F-4EE0-A402-B274ED86F671

A. DIRECTORS	David Marcus					
□Chairman	Name: 2033 Biscayne Blvd., Ste. 4-811	☐ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
■ Director	Aventura, FL 33180	□Director				
■ President		□President				
□Vice President		□Vice President				
Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	□Other	Other			
□Chairman □Vice Chairman ■Director	Jack Zerby Name: 2033 Biscayne Blvd., Ste. 4-811 Address: Aventura, FL 33180	□Chairman □Vice Chairman □Director	Name:			
□President		□President				
□Vice President		□ Vice President				
Secretary Chief Techn	□Treasurer	Secretary	□Treasurer			
Other Officer	□ Other	Other				
	Jonathan Marcus Name: 2033 Biscayne Blvd., Ste. 4-811 Address: Aventura, FL 33180	□Chairman □Vice Chairman	Name:			
■ Director		□Director				
□ President □ Vice President		□President □Vice President				
□Secretary	□Treasurer	Secretary	□Treasurer			
□Other	Other	□Other	Other			
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Departs	ttachment will be imaged ment of State Annual Re	d for reporting purposes only. Non-indexed port form.			
12. <u>Vani</u>	L Marus Signature of Directo	r 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 can 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. David Marcus, Chief Executive Officer and Director						



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HOBBY BOX, 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 FIRST DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOBBY BOX, INC."

WAS INCORPORATED ON THE FIRST DAY OF NOVEMBER, A.D. 2023.

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

Authentication: 204497439

Date: 11-01-23