

F23000006433

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tax@faire.com

FOREIGN PROFIT/NONPROFIT CORPORATION FAIRE WHOLESALE INC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2023 NOV 14 PM 3:08

Please honor original submission date of 11/9/2023

Electronic Filing Menu

Corporate Filing Menu

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DocuSign Envelope ID: 3B3CF8C9-5DFA-4465-9805-50A419D02FBD

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. Faire Wholesale, Inc.

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 81-4549038

(FEI number, if applicable)

4. 11/28/2016

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. Upon Filing

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

7. 100 Potrero Ave. San Francisco, CA 94103

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: C.T. Corporation SystemOffice Address: 1200 South Pine Island RoadPlantation

(City)

FL. 33324

(Zip code)

2023 NOV 14 PM 3:08

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.

By: Rachel O'Connor
T Corporation System

Rachel O'Connor, Assistant Secretary
(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]:

DocuSign Envelope ID: 3B3CF8C9-5DFA-4465-9805-50A419D02FBD

A. DIRECTORS

<input type="checkbox"/> Chairman Name: _____	<input type="checkbox"/> Chairman Name: _____
<input type="checkbox"/> Vice Chairman Address: 100 POTRERO AVE, SAN FRANCISCO, CA 94103	<input type="checkbox"/> Vice Chairman Address: 100 POTRERO AVE, SAN FRANCISCO, CA 94103
<input checked="" type="checkbox"/> Director <u>Ellie Mertz</u>	<input checked="" type="checkbox"/> Director <u>Matthew Rhodes</u>
<input type="checkbox"/> President _____	<input type="checkbox"/> President _____
<input type="checkbox"/> Vice President _____	<input type="checkbox"/> Vice President _____
<input type="checkbox"/> Secretary _____	<input type="checkbox"/> Secretary _____
<input type="checkbox"/> Treasurer _____	<input type="checkbox"/> Treasurer _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman Name: _____	<input type="checkbox"/> Chairman Name: _____
<input type="checkbox"/> Vice Chairman Address: 100 POTRERO AVE, SAN FRANCISCO, CA 94103	<input type="checkbox"/> Vice Chairman Address: 100 POTRERO AVE, SAN FRANCISCO, CA 94103
<input checked="" type="checkbox"/> Director <u>Marcelo Cortes</u>	<input checked="" type="checkbox"/> Director <u>Keith Rabios</u>
<input type="checkbox"/> President _____	<input type="checkbox"/> President _____
<input type="checkbox"/> Vice President _____	<input type="checkbox"/> Vice President _____
<input type="checkbox"/> Secretary _____	<input type="checkbox"/> Secretary _____
<input type="checkbox"/> Treasurer _____	<input type="checkbox"/> Treasurer _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman Name: _____	<input type="checkbox"/> Chairman Name: _____
<input type="checkbox"/> Vice Chairman Address: 100 POTRERO AVE, SAN FRANCISCO, CA 94103	<input type="checkbox"/> Vice Chairman Address: 100 POTRERO AVE, SAN FRANCISCO, CA 94103
<input checked="" type="checkbox"/> Director <u>Brian Grassadonia</u>	<input checked="" type="checkbox"/> Director <u>Kristen Green</u>
<input type="checkbox"/> President _____	<input type="checkbox"/> President _____
<input type="checkbox"/> Vice President _____	<input type="checkbox"/> Vice President _____
<input type="checkbox"/> Secretary _____	<input type="checkbox"/> Secretary _____
<input type="checkbox"/> Treasurer _____	<input type="checkbox"/> Treasurer _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> 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. Lauren Cooks Levitan
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. Lauren Cooks Levitan Treasurer
(Typed or printed name and capacity of person signing application)

Attachment for Officer's and Director's: FAIRE WHOLESALE, INC.

Address for all Officer's and Director's: 100 POTRERO AVE. SAN FRANCISCO, CA 94103

Name	Title
Matthew Rhodes	Director, President, Secretary & CFO
Lauren Cooks Levitan	Treasurer
Marcelo Cortes	Director
Keith Rabios	Director
Brian Grassadonia	Director
Kristen Green	Director
Ellie Mertz	Director
Daniele Perito	Director

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FAIRE WHOLESALE, 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 OCTOBER, 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 FRANCHISE TAXES HAVE
BEEN PAID TO DATE.



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SR# 20233846161

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204477720

Date: 10-30-23