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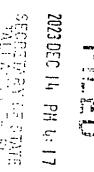
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COVER LETTER

TO:		tration Section on of Corporations		
SUBJ	ECT:	Thom Sweeney Miami Inc.		
		Name o	f corporation	n - must include suffix
Dear S	ir or M	adam:		
"Certif	icate of	"Application by Foreign Confection Existence," or "Certificate code foreign corporation to tra	of Good Star	Authorization to Transact Business in Florida," and check are submitted to register the ess in Florida.
Please	return a	all correspondence concernir	ng this matter	r to the following:
Susana	M. Pap	akanakis, Esq.		
			Name of	Person
Veneru	so, Curt	o, Schwartz & Curto, LLP		
			Firm/Com	npany
35 East	Grassy	Sprain Road, Suite 400		
			Addr	ess
Yonker	s, New	York 10710		
	•		City/State a	nd Zip code
matt@t	homsw	eeney.co.uk		
		E-mail address:	(to be used t	for future annual report notification)
For fur	ther inf	ormation concerning this ma	atter, please o	call:
Susana M. Papakanakis, Esq.			914 at (779-1100 ext. 303
	Name	of Person	Area Cod	e Daytime Telephone Number
	Regist Divisi The C	ET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 tassee, FL 32303	ie	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	nake ch	check for the following amore beck payable to: FLORIDA DE ng Fee	PARTMENT Fee &	OF STATE 3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

1. Thom Sweeney			
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,
(If name unavail	able in Clasida	1. 16 4	
	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	; business in Florida)
2. New York	ry under the law of which it is incorporated)		· · · · · · · · · · · · · · · · · · ·
		(FEI number, if app	olicable)
4. August 29, 202.	55.		
(Date	e of incorporation)	(Date of duration, if other th	nan perpetual)
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150	lorida, if prior to registration) 2, F.S., to determine penalty liability	y)
7. c/o Palma Settim	i, 7 Sutton Place, Brewster, NY 10509		
·· <u> </u>	(Principal office	: street address)	
	(Current mailing	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	C T Corporation System	_	
Office Address:	1200 South Pine Island Road		202 SEI T
	Plantation	, Florida <u>33324</u> (Zip code)	30E
	(City)	(Zip code)	The state of the s
designated in this	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme. omply with the provisions of all statutes relo	nt as registered agent and agree	to act in this canacity. L
and I am familiar	with and accept the obligations of my posit	ion us registered agent.	performance of my duties
خ	Wichol McClay Nichol	McCroy, Assistant Secreta	ury
	(Registered agent's sign	ature)	

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 Luke Sweeney ☐ Chairman ☐ Chairman Name: __ c/o Palma Settimi ☐ Vice Chairman Address: ☐ Vice Chairman Address: _____ 7 Sutton Place Director □Director Brewster, New York 10509 President □ President □Vice President ☐ Vice President □ Secretary ☐ Treasurer Treasurer ☐ Secretary □Other _____ Other ____ □ Other □Other _____ Thom Whiddett ☐ Chairman □ Chairman Name: _____ c/o Palma Settimi □ Vice Chairman Address: Address: _____ □ Vice Chairman 7 Sutton Place ■ Director □ Director Brewster, New York 10509 President □ President ■ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other ___ Other _____ □Other Other Matthew Potter □ Chairman Chairman Name: _____ c/o Palma Settimi □ Vice Chairman Address: _ ☐ Vice Chairman Address: 7 Sutton Place Director Director Brewster, New York 10509 □President □President □Vice President ☐ Vice President Secretary 3 □ Treasurer □ Secretary ☐Treasurer ☐ 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. 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

(Typed or printed name and capacity of person signing application)

13. Luke Sweenly, President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THOM SWEENEY MIAMI INC.

DOS ID Number: 7016381

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 08/29/2023

Statement Status: CURRENT Statement Due Date: 08/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 04, 2023 at 03:29 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heyles

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100004771974 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov