F24000000537

(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:

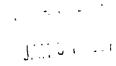




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SECTATION AND STATE
TALLAHASSEE FL



COVER LETTER

_	tration Section ion of Corporations			
SUBJECT:	eBrevia, Inc.			
	Nam	e of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	f Existence," or "Certifica	te of Good Stand	ing" and check are subm	
Please return	all correspondence concer	ning this matter t	o the following:	
Adam Nguyen		Name of corporation - must include suffix Foreign Corporation for Authorization to Transact Business in Florida," Certificate of Good Standing" and check are submitted to register the oration to transact business in Florida. The concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip code Tail address: (to be used for future annual report notification) Thing this matter, please call: The properties of the prop		
		Name of P	erson	
eBrevia, Inc.				
		Firm/Comp	any	
1800 Le Jeune	Road			
		Addres	s	
Coral Gables,	FL 33134			
		City/State and	d Zip code	
anguyen@ebro			·	
	E-mail addre	ess: (to be used fo	r future annual report no	etification)
For further in	formation concerning this	matter, please ca	N:	
Adam		917	687-8058	
Nam	e of Person	Area Code	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIER ADDRI stration Section ion of Corporations Centre of Tallahassec N. Monroe Street, Suite 8 hassee, FL 32303		Registration Se Division of Cor P.O. Box 6327	ction porations
	~	DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified 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.

	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)
Delaware	3	3. <u>46-1493936</u>	
(State or countr 11/27/2012	y under the law of which it is incorporated) 5.	(FEI number, if appl	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
January 1, 2024			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		`
1800 Le Jeune Ro	oad, Coral Gables, FL 33134	., r.s., to determine penaity hability	,
	(Principal office	etraat address)	
	(Finespar Office	<u>street</u> address)	
	(Current mailing	address, if different)	
		·	4 JAN OKLA ALLA
Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	> 2
Name:	Adam Nguyen		AS # -
rame.	1800 Le Jeune Road		See P
		_	કું
Tice Address:	0 1011		
ffice Address:	Coral Gables (City)	, Florida <u>33134</u> (Zip code)	தி த

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.

(Registered agent's signature)

A. DIRECTORS Adam Nguyen Name: Jacob Mundt ■ Chairman ☐ Chairman 1919 Madison Ave #306 1800 Le Jeune Road Address: ☐ Vice Chairman ■ Vice Chairman Address: Coral Gables, FL 33134 New York, NY 10035 Director Director President □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 □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □ Other _____ Other_____ □Other _____ ☐Other _____ Name: ☐ Chairman ☐ Chairman □Vice Chairman Address: □Vice Chairman Address: □Director □ Director □President □President □Vice President □Vice President □ Secretary ☐ 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 s.817.155, F.S.

Adam Nguyen, Director

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EBREVIA, 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 SIXTH DAY OF DECEMBER, 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.

Authentication: 204741051

Date: 12-06-23

5248327 8300 SR# 20234145433