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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FitMatch Inc.	
Name of corpora	ntion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	for Authorization to Transact Business in Florida." Standing" and check are submitted to register the usiness in Florida.
Please return all correspondence concerning this m	atter to the following:
Thomas W. Bark	
Nam	e of Person
Firm/	(Company
2037 NE 6th Terrace	
	Address
Wilton Manors, FL 33305	
City/St	ate and Zip code
twbark@gmail.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
Thomas Bark at (646	574-5577
Name of Person Area	Code Daytime Telephone 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 check for the following amount: Please make check payable to: FLORIDA DEPARTM \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	1ENT OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

FitMatch Inc.					_
(Enter name of c	corporation; must include "INCORPORATED," "(orp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION	1,"		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in	Florida	<u></u>
2. Delaware, US	A 3				_
(State or count	ry under the law of which it is incorporated)	(FEI number, if ap	plicable)		
4. March 23, 202	3 5.				
	of incorporation)	(Date of duration, if other t	han perpetua	1)	
December 1, 2	2023				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		ty)		
7 6750 N. Andrev	vs Avenue, Suite 200				_
	(Principal office	street address)			
Fort Lauderdal					_
	(Current mailing a	ddress, if different)			
8. Name and stre	et address of Florida registered agent: (P.O. E	Box NOT acceptable)		2024 JAN	
Name:	Thomas W. Bark	_		JAN	ï
Office Address:	2037 N.E. 6th Terrace		•	8	,•••
	Wilton Manors	, Florida	-	PH 4:4	_=
	(City)	(Zip code)	••	.: t+2	*tnot

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.

Moman W Bord (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.

DocuSign Envelope ID: 8B9D3041-9311-46CB-A029-461AA779B1BE A. DIRECTORS -Haniff Brown Name: □Chairman ■ Chairman Name: 6750 N. Andrews Avenue □Vice Chairman Address: Address: □ Vice Chairman Suite 200 □Director □Director Fort Lauderdale, FL 33309 □President President □ Vice President □Vice President _____ ☐ Treasurer □ Secretary ☐Treasurer ■ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Pierre Denis Name: _____ □ Chairman □ Chairman 6750 N. Andrews Avenue ☐ Vice Chairman Address: _____ □ Vice Chairman Address: Suite 200 □ Director ■Director Fort Lauderdale, FL 33309 □President □President □ Vice President ☐ Vice President ☐Treasurer □ Secretary □ Secretary ☐ Treasurer □Other _____ □Other ____ □Other _____ Meera Bhatia □ Chairman Name: ______ □Chairman 6750 N. Andrews Avenue ☐ Vice Chairman Address: □ Vice Chairman Address: _____ Suite 200 □Director Director Fort Lauderdale, FL 33309 □President □President ☐ Vice President □ Vice President □Treasurer ☐Treasurer □ Secretary □ Secretary □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. Signature of Director or Office: --- 5491C73BEC52400 .

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

.817.1	55, F.S.		
_	Haniff Brown	President	



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

DELAWARE, DO HEREBY CERTIFY "FITMATCH 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FITMATCH INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2023.

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

Authentication: 204932904

Date: 12-28-23