F240000000811

(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:					
WZ41-18841					

Office Use Only



500422603285

2024 JAH 31 PH 1:29

RECEIVED

FEB 1 4 2024 K. Brumbley

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2024

CSC

SUBJECT: ONEOFF WORLD INC. Ref. Number: W24000018841

Please give original submission date as file date.

We have received your document for ONEOFF WORLD INC. and your check(s) totaling \$. 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 L23000204873.

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: 824A00002429

2024 FEB 13 AMT1: TO

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 01/31/24 Order #: 1405050-1 Re: Oneoff World Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

AUTH

publican Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Se Division of Co		
SLIR	JECT:	Oneotf V	Corld Inc.
0000		Name of corporati	on - must include suffix
Dear S	Sir or Madam:		
"Certi	ficate of Existen		or Authorization to Transact Business in Florida." anding" and check are submitted to register the ness in Florida.
Please	return all corres	pondence concerning this mat	ter to the following:
		Tiffany Cinque	mani, paralegal
		Name	of Person
		c/o DLA Pip	er LLP (US)
		Firm/C	ompany.
		1251 Avenue of	the Americas
		Ad	dress
		New York	NY 10020
		City/State	and Zip code
		tiffany.cinquema	
		E-mail address: (to be use	d for future annual report notification)
For fu	rther information	concerning this matter, pleas	e call:
Titlan	y Cinquemani, par	alegal 212	776-3733
	Name of Perso	on Area C	ode) 776-3733 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
Please		the following amount: le to: FLORIDA DEPARTME: S78.75 Filing Fee & Certificate of Status	ST 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.

1,	Oneon world i							
		orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"					
	Oneoff Commo	erce Inc.						
	(If name unavail	able in Florida, enter alternate corporate name .	dopted for the purpose of transacting business in Florida)					
,	Delaware	3						
-	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)					
4	January 17, 2024							
٦.	(Date of incorporation)		(Date of duration, if other than perpetual)					
6.								
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)					
7 1661 West Ave., #398750, Miami Beach, FL 33239								
		(Principal office street address)						
		(Current mailing	g address, if different)					
8.	Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)					
	Name:	Corporation Service Company						
o	ffice Address:	1201 Hays Street						
		Tallahassee	. Florida ³²³⁰¹					
		(City)	(Zip code)					

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.

(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: E24BBE05-CAD4-43C7-9487-4D4F20B68784

A. DIRECTORS						
□Chairman	Name: Mehmet Emir Dereli	□Chairman	Name: Emir Talu			
□Vice Chairman	Address: 1661 West Ave., # 398750	□Vice Chairman	Address: 1661 West Ave., # 398750			
Duector	Miami Beach, FL 33239	Director	Miami Beach, FL 33239			
President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary	□Treasurer			
□Other	Other	■Other CEO	□Other			
☐ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	Secretary	☐ l'reasurer			
□Other	Other	Other				
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address;			
Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	☐ Freasurer	Secretary	☐Treasurer			
□Other	Other	Other	Other			
	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departmen					
12	Enir tale					
	Signature of Director of	or Officer				
	tor signing this document (and who is listed in numbe lse information submitted in a document to the Depart					
13Emir Talu, CEO						

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ONEOFF WORLD 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 JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONEOFF WORLD INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2024.

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

Authentication: 202700484

Date: 01-30-24