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COVER LETTER

District & Comparison	
Division of Corporations	
Incorporate 247, Inc. SUBJECT:	
Name of corporation -	must include suffix
D 02 14 1	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for At "Certificate of Existence," or "Certificate of Good Standiabove referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to Steven Stone	the following:
Name of Pe	rson
Incorporate247, Inc.	
Firm/Compa	nv
5305 Limestone Road Suite 200	
Address	
Wilmington, DE 19808	
City/State and	Zip code
mgt@global-inter.net	·
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	
Stuart Zuckerman at (386-3888
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
-	F STATE 178.75 Filing Fee &

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.

(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Stuart Zuckerman Name: 949 NW 18th Avenue		•	dopted for the purpose of transacting business in Florida))
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable) Stuart Zuckerman Name: 949 NW 18th Avenue Office Address: Boca Raton 33486 Florida Florida	Delaware	2.	8-4092736	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Stuart Zuckerman Name: 949 NW 18th Avenue Office Address: Boca Raton 33486 Florida Florida Florida Stuart Zuckerman Name: 949 NW 18th Avenue	9/7/2018			_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Stuart Zuckerman Name: 949 NW 18th Avenue Office Address: Boca Raton 33486 Florida Florida Florida Stuart Zuckerman Name: 949 NW 18th Avenue	ł,	5	(D) F 1 - C - C - C - A - A - A - A - A - A - A	_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 5305 Limestone Road Suite 200, Wilmington, DE 19801 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Stuart Zuckerman Name: 949 NW 18th Avenue Office Address: Boca Raton 33486 Florida Florida	(Date	of incorporation)	(Date of duration, if other than perpetual)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 5305 Limestone Road Suite 200, Wilmington, DE 19801 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Stuart Zuckerman Name: 949 NW 18th Avenue Office Address: Boca Raton 33486 Florida Florida),			
(Current mailing address, if different) 7.	- 5305 Limestone I	(SEE SECTIONS 607.1501 & 607.150	2) 2) F.S., to determine penalty liability)	energy 2
(Current mailing address, if different) Row Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Stuart Zuckerman Name: 949 NW 18th Avenue Office Address: Boca Raton 33486 Florida		(Principal office	e street address)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Stuart Zuckerman Name: 949 NW 18th Avenue Office Address: Boca Raton 33486 Florida		(Current mailing	13.1133	رس ^{ته} - , زستهدر ,
Stuart Zuckerman			26	
Name: 949 NW 18th Avenue Office Address: Boca Raton 33486 Florida	8. Name and <u>stre</u>		Box NOT acceptable)	_
949 NW 18th Avenue Office Address: Boca Raton 33486 , Florida	Name			
Office Address:	mame:			
Boca Raton 33486 , Florida				
(City) (Zip code)	Office Address:		33486	
(Cith) $(Sib) code)$	Office Address:			
	Office Address:		, Florida	
		(City)	, Florida (Zip code)	
laving been named as registered agent and to accept service of process for the above stated corporation at the place	. Registered ag Iaving been nan	(City) ent's acceptance: ned as registered agent and to accept service	(Zip code) e of process for the above stated corporation at the	place
laving been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.). Registered ag Iaving been nan lesignated in this	(City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme	(Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cap	acity.
Having been named as registered agent and to accept service of process for the above stated corporation at the place). Registered ag Having been nan lesignated in this	(City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme	(Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cap	acity.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS				-
□Chairmao	Steven Stone Name:	□Chairman	Name:	
□Vice Chairman		ElVice Chairman	Address	
□ vice Chairman	Address:Wilmington		Address.	-
Director	DE	□Director		
□President	19808	□President		
□Vice President	12000	□Vice President		
■ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		Other
□Chairman	Name:	□Chairman	Name	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		u
□President		□President		
□Vice President		□Vice President	-	
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	Other	□Other		□Other
	Name of	□Chairman	Vana	
□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President	_	
□Vice President		□ Vice President		
☐ Secretary	Treasurer	☐ Secretary		□Treasurer -
Other	Other	□Other		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	ttachment will be image ment of State Annual Ro	d for reporting peport form.	ourposes only. Non-indexed
12	Steven Stone Signature of Director			
The officer or dire	eter signing this document (and who is listed in num	iber 11 above) aftirms th	nat the facts state	ed herein are true and that he or

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.

Steven Stone, Secretary/Director



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

DELAWARE, DO HEREBY CERTIFY "INCORPORATE247, 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 FIFTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INCORPORATE247, INC." WAS INCORPORATED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 202741912

Date: 02-05-24