# FA4000001069

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SELTHICARY OF STATE
TALLAHASSEE

T. LEMIEUX FEB 2 6 2024

### **COVER LETTER**

TO: Registra Divisio	ation Section n of Corporations				
SUBJECT: F	RBG TALENT CORP.				
	Name	of corporation -	- must includ	le suffix	
Dear Sir or Mad	łam:				
"Certificate of I	Application by Foreign Co Existence," or "Certificate ed foreign corporation to t	of Good Stand	ing" and che		
Please return al	l correspondence concern	ing this matter	to the follow	ing:	
ROBYN BROW	DY SEFF				
		Name of P	erson	· · · · · · · · · · · · · · · · · · ·	
RBG TALENT	CORP.				
		Firm/Comp	any		
17267 WINDY I	OINTE LANE				
		Addre	SS		
BOCA RATON,	FL 33496				
		City/State an	d Zip code		·
robyn@rbgtalent	.com	-	·		
	E-mail address	s: (to be used fo	r future anni	ual report notifi	cation)
For further info	rmation concerning this n	natter, please ca	dt:		
WILLIAM SING	CHUK, CPA	at (	454-0800	X304	
Name	of Person	Area Code	Day	X 3 5 4/ time Telephone	Number
Registr Divisio The Ce 2415 N	ET/COURIER ADDRES ation Section in of Corporations intre of Tallahassee I. Monroe Street, Suite 810 issee, FL 32303		Reg Div P.C	AILING ADDI gistration Section vision of Corpo D. Box 6327 Ilahassee, FL 3	on rations
	neck for the following am ck payable to: FLORIDA D g Fee	EPARTMENT  1g Fee &	OF STATE \$78.75 Filir Certified C	•	S87.50 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.

(If name unavaila	ible in Florida, enter alternate corporate na	me adop	ted for the purpose of transacting business in Florida		
NEW YORK		3. 83-2	83-2757054		
NEW YORK  (State or country under the law of which it is incorporated)  3.					
		5.			
(Date of incorporation) 5.			(Date of duration, if other than perpetual)		
03/01/24					
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60		rida, if prior to registration) F.S., to determine penalty liability)		
	(SEE SECTIONS 607.1501 & 60 DINTE LANE, BOCA RATON, FL 33496 (Principal	7.1502, office <u>s</u> t	F.S., to determine penalty liability)		
17267 WINDY Po	(SEE SECTIONS 607.1501 & 60 DINTE LANE, BOCA RATON, FL 33496 (Principal	office stailing ad	reet address)  dress, if different)  ox NOT acceptable)		

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.

(Businessed asserts 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.

A. DIRECTORS								
□ Chairman	Name:	□Chairman	Name:					
☐ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
<b>≅</b> President	ROBYN BROWDY SEFF	□President						
□Vice President		☐ Vice President						
☐ Secretary	□Treasurer	Secretary		Treasurer				
Other	Other	□Other	<del></del>	Other				
	•							
Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□ Vice Chairman	Address:					
Director		Director	<del></del>					
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	Secretary		Treasurer				
Other	Other	Other	<del></del>	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	<u>-</u>	□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.  12  Signature of Director of 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.\$17.155, F.S.								

#### 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:** 

RBG TALENT CORP.

DOS ID Number:

5453332

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

12/05/2018

Statement Status:

**CURRENT** 

Statement Due Date:

12/31/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

12/05/2018

**Entity Name:** 

ROBYN BROWDY CORP.

Document Type:

CERTIFICATE OF AMENDMENT

Date of Filing:

12/23/2021

Name Changed To:

RBG TALENT CORP.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

06/26/2023

**Effective Date:** 

12/01/2022

Above space is left blank intentionally.

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 January 24, 2024 at 11:32 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes Executive Deputy Secretary of State

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