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COVER LETTER

	stration Sec sion of Corp				
SUBJECT:	Craft Strate	egy Studio, Inc.			
		Name of corpora	ition - mu	st include suffix	
Dear Sir or M	1adam:				
"Certificate of	of Existence	on by Foreign Corporation," or "Certificate of Good corporation to transact but	Standing"	and check are sub	
Please return	all correspo	ondence concerning this m	atter to the	e following:	
Sean O'Shea					
		Nam	e of Perso	n	··-
Craft Strategy	Studio, Inc.				
		Firm/	Company		
8 the Green St	iite 8084				
	· · · · · · · · · · · · · · · · · · ·	Α	ddress		
Dover, DE 19	901				
		City/Sta	ate and Zip	code	
sean@craftstra	ategystudio.c	om			
		E-mail address: (to be us	sed for fut	ure annual report	notification)
For further in	iformation o	oncerning this matter, plea	ise call:		
Sean O'Shea		at (302	23	232-5108	
Nan	e of Person		Code	Daytime Telep	hone 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		
	neck payable	ne following amount: to: FLORIDA DEPARTM \$78.75 Filing Fee &			□ \$97.50 Eiling/Eoc
= \$70.00 fil	ing ree	Certificate of Status		75 Filing Fee & tified Copy	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.

Craft Strategy S	Studio, Inc.					
	corporation; must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATIO	",иС			
Craft Strtategy						
(If name unavail	lable in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)			
2. DE	3	92-1488349	-1488349			
	ry under the law of which it is incorporated)		(FEI number, if applicable)			
4. 01/01/2023	5.					
	e of incorporation)	(Date of duration, if other than perpetual)				
6.						
7. 8 the Green Suite	(SEE SECTIONS 607.1501 & 607.1 : 8084 Dover, DE 19901		ility)			
	(Principal off	ice <u>street</u> address)				
	(Current maili	ng address, if different)	2024 HAR — SECRETA			
8. Name and stre	et address of Florida registered agent: (P.G	O. Box <u>NOT</u> acceptable)	器器			
Name:	Registered Agents Inc					
Office Address:	7901 4th St N STE 300					
	St. Petersburg	, Florida 33702				
	(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.

Dayld Dort's
(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.

A. DIRECTORS							
□Chairman	Kara Smith Name:	□Chairman	Name: Sean O'Shea Name: 604 1/2 Galisteo St Address:				
□Vice Chairman	973 3rd Avenue Address:	□Vice Chairman					
□Director	Sacramento, CA 95818	Director	Santa Fe, NM 87505				
■ President		□President					
□Vice President		■Vice President					
■ Secretary	□Treasurer	☐ Secretary	Treasurer				
□Other	□Other	Other	Other				
□Chairman	Name:	□Chairman	Name:				
	Address:		Address:				
☐ Director		Director					
□President		□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				
Important Notice: Line 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 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.							
(Typed or printed name and capacity of person signing application)							

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRAFT STRATEGY STUDIO 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRAFT STRATEGY STUDIO INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2023.

7152792 8300 SR# 20240425634

You may verify this certificate online at corp.delaware gov/authver.shtml

Authentication: 202832595

Date: 02-17-24