F24000001405

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	idress)	· · · · · · · · · · · · · · · · · · ·
. (Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer	
•		

Office Use Only



900424288559

2024 HER 13 PH 6: 11

PROBLEM DE 13 PM 6:

ODSA MAD TO

MAR 1 3 2024 K. Brumbley



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/13/2024	_		⇔WALK IN	
ENTITY NAME TRUTH ARTS INC				
DOCUMENT NUMBER				
	PLEASE FILE TA	HE ATTACHED AND RETU	URN	
XXXXXXXX	Plain Copy			
	Certified Copy			
	Certificate of Status			
	Certified Copy of Art Certificate of Good St			
	APOSTILLE' / I	NOTARIAL CERTIFICAT	70N	
COUNTRY OF DESTINA	•			
NUMBER OF CERTIFIC	ATES REQUESTED	<u></u>		
TOTAL OWED \$70		ACCOUNT	#: 120160000072	
		5.	8 FM	
Places call Time at	the chave number for		. Thank you so much!	

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.

3. under the law of which it is incorporated)	(FEI number, if applicab	le)	
of incorporation)	(Date of duration, if other than p	(Date of duration, if other than perpetual)	
(SEE SECTIONS 607.1501 & 607.15	502, F.S., to determine penalty liability)		
Avenue, Downtown Miami, Suite 2000, Miar	mi, FL 33131		
(Current mailir	ng address, if different)		
	D. Box <u>NOT</u> acceptable)	2024 HAR 13	
		=	
 -		- '	
Tallahassee	, Florida <u>32301</u>	=	
(City)	(Zip code)	PM 6: 1	
nt's acceptance:			
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.15 Avenue, Downtown Miami, Suite 2000, Miam (Principal off) (Current mailing) address of Florida registered agent: (P.C.) Platinum Agent Services LLC 155 Office Plaza Dr Tallahassee (City)	(Date of duration, if other than p (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Avenue, Downtown Miami, Suite 2000, Miami, FL 33131 (Principal office street address) (Current mailing address, if different) address of Florida registered agent: (P.O. Box NOT acceptable) Platinum Agent Services LLC 155 Office Plaza Dr Tallahassee , Florida 32301 (City) (Zip code)	

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 Eliot Durbin Alexander Taub Name: Name: ☐ Chairman □ Chairman 30 E. 23rd St. 5th Floor Address: __ 1210 Hatteras Lane □Vice Chairman Address: □ Vice Chaiπnan New York, NY 10010 Hollywood, FL 33019 ■ Director Director □President President □Vice President □Vice President _____ ☐Treasurer □Treasurer ☐ Secretary □ Secretary Chief Executive C □Other _____ □Other □Other _____ Name: Nicole Priel Michael Schonfeld Name: □ Chairman ☐ Chairman 260 N Josephine Suite 300 4370 30th St. Address: □ Vice Chairman □ Vice Chairman Address: Denver, CO 80206 San Diego, CA 92104 Director Director □President □ President □ Vice President □Vice President ☐ Treasurer □Treasurer Secretary □ Secretary Chief Technical O □ Other □Other ____ □Other _____ □ Chairman □Chairman Name: Name: ______ □Vice Chairman Address: ______ ☐ Vice Chairman Address: ______ Director Director □ President □President □ Vice President □Vice President □Treasurer □ Secretary □Treasurer □ 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. 12. /s/ Alex Taub 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)

Alex Taub

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRUTH ARTS 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 THIRTEENTH DAY OF MARCH, 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 "TRUTH ARTS INC."

WAS INCORPORATED ON THE TENTH DAY OF JANUARY, A.D. 2014.

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

Authentication: 203012065

Date: 03-13-24

5463479 8300 SR# 20240985733