-24000

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ãc | ddress) | |
| | | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900424365109

2024 HAR 14 PM 3: 14

MAR 1 4 2024 K. Brumbley



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ORDER NO.

CUSTOMER NO: 7473471

| | | | ACCOUNT NO. | : | 12000000019 | 95 |
|-------|------|---|------------------|------|-------------|---------|
| | | | REFERENCE | : | 329350 | 7473471 |
| | | | AUTHORIZATION | مانة | T X Solar | |
| | | | COST LIMIT | | 5 70.00 | :Do |
| 02222 | | | F-1 | | | |
| ORDER | DATE | : | February 22, 202 | 4 | | |
| ORDER | TIME | : | 1:24 PM | | | |
| ORDER | NO. | ; | 329350-002 | | | |

FOREIGN FILINGS

NAME: TALKSHOPLIVE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

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.

| Dalamana | able in Florida, enter alternate corporate name add | opted for the purpose of transacting business in Florida |) |
|---------------------|---|--|-------------|
| . Delawate | y under the law of which it is incorporated) | (FEI number, if applicable) | |
| | | | |
| | 5 | (Date of duration, if other than perpetual) | |
| (Date 12/21/2021 | of incorporation) | (Date of duration, if other than perpetual) | |
| | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 | lorida, if prior to registration) | _ |
| 8424 A Santa Mo | nica Blvd #162 West Hollywood, CA 90069-623 | | |
| | (Principal office | street address) | _ |
| 8424 A Santa Mo | onica Blvd #162 West Hollywood, CA 90069-623 | 33 | |
| | (Current mailing a | address, if different) | - |
| . Name and stree | t address of Florida registered agent: (P.O. E | Box NOT acceptable) 7024 Hir | |
| Name: | Corporation Service Company | ゴ. 127 207 | :. |
| (vanic. | 1201 Hays Street | | |
| ffice Address: | Tallahassee | Florida 32301 = | - : |
| ffice Address: | | | |
| ffice Address: | (City) | | |

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.

(Registered agent's signature)

Docusidu Euvelobe In: ממחחרים ו- ומחמ-מעםי-מו פע-מחמפה וחמומשע

| A. DIRECTORS | | | | |
|---|--|--|---------------------------------------|------------------------------|
| □Chairman | Name: | □ Chairman | Name: | |
| □Vice Chairman | 950 N Harper Avc | □Vice Chairman | Address: | |
| Director | West Hollywood, CA 90046 | Director | | |
| ♣ President | | □President | | |
| □Vice President | | □Vice President | | |
| Secretary | ☐ Treasurer | □Secretary | | ☐Treasurer |
| ①Other | □ Other | Other | . <u>.</u> | □Other |
| | | | | |
| □ Chairman | Name: Bryan Moore | □ Chairman | Name: | |
| □Vice Chairman | Address: | □ Vice Chairman | Address: | |
| Director | Nashville, TN 37208 | □Director | · · · · · · · · · · · · · · · · · · · | |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| ■ Secretary | □Treasurer | _ □ Secretary | | □Treasurer |
| Other CEO | 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: individuals may be | Use an attachment to report more than six (6). The added to the index when filing your Florida Dep | e attachment will be image artment of State Annual Re | d for reporting | g purposes only. Non-indexec |
| 12 | Tina Moon | | | |
| individuals may be 12 The officer or directions and the control of the c | added to the index when filing your Florida Dep | artment of State Annual Rector or Officer | eport form. | ated herein are |
| 13 | Tina Moore, Director - President | | | |
| | (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 "TALKSHOPLIVE, 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 TWENTY-SECOND 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 "TALKSHOPLIVE, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202863790

Date: 02-22-24

4845800 8300 SR# 20240633122