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COVER LETTER

TO:		tration Section on of Corporations			
SUBJE	ECT:	EVIE MAGAZINE, INC.			
SODGE		Name o	of corporation	- must include suffix	
Dear Si	r or M	adam:			
"Certifi	cate of		of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.	
Please r	return a	all correspondence concerni	ng this matter	to the following:	
Amanda	а Ј. Вег	en			
			Name of	Person	
CorpNe	t, Incor	porated			
			Firm/Com	pany	
31416 A	\goura	Rd., Ste. 118			
		 	Addre	SS	
Westlak	e Villa	ge, CA 91316			
	-		City/State as	nd Zip code	
filings@	corpne	et.com			
		E-mail address	to be used f	or future annual report notification)	
For furt	ther inf	formation concerning this ma	atter, please c	all:	
Amanda J. Beren			at (449-2638	
	Name	e of Person	Area Code		
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 Tallahassec, FL 32314	
	nake ch	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT g Fee &	OF STATE \$78.75 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.

(Enter name of c	INE, INC. corporation; must include "INCORPORATED	o," "COMPANY," "CORPORATIO				
	orp," "Inc." "Co," or "Corp.")					
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transact	ing business in Florida)			
Delaware	_{3.} 92-1378071					
	or country under the law of which it is incorporated) (FEI number, if applicable)					
12/14/2022	5					
(Date	of incorporation)	(Date of duration, if other than perpetual)				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liabi	ility)			
2121 Biscayne B	lvd., #1814, Miami. FL 33137					
·	(Principal of	fice street address)	·			
2121 Biscayne B	lvd., #1814, Miami, FL 33137					
	(Current mail	ing address, if different)				
. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	202 Si			
Name:	Registered Agents Inc		ALL ALL			
Office Address:	7901 4th St N., Ste 300		1024 FEB 28 PM 2:5			
	St. Petersburg	, Florida	P#			
	(City)	(Zip code)	2: C			
. Registered ago	ent's acceptance:		ر <u>5</u>			
	ed as registered agent and to accept serv	ice of process for the above state	ed corporation at the place			
	application, I hereby accept the appoint					
	omply with the provisions of all statutes with and accept the obligations of my p		ete performance of my du			
	David Boert.					

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 Gabriel Hugoboom Brittany Hugoboom ☐ Chairman ☐ Chairman 2121 Biscayne Blvd #1814 2121 Biscayne Blvd #1814 □Vice Chairman □Vice Chairman Address: _ Address: Miami, FL 33137 Miami, FL 33137 Director Director President ☐ President □ Vice President ☐ Vice President □Treasurer ☐ Treasurer ■ Secretary ☐ Secretary □Other ______ □Other _____ ☐Other _____ □Other _____ □ Chairman □ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: Director □ Director ☐ President President □Vice President _____ ☐ Vice President □Treasurer ☐ Secretary □ 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 · 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. 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. Gabriel Hugoboom

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EVIE MAGAZINE, 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 ELEVENTH DAY OF JANUARY, 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 "EVIE MAGAZINE, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2022.

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

Authentication: 202571077

Date: 01-11-24

7186066 8300 SR# 20240092060