

3/15/24, 11:20 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F2400001492

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001009063)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

MANAGEDREPORTS@INCORP.COM

Email Address: _____

RECEIVED

2024 MAR 15 PM 2:41

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Storij Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$70.00 |

2024 MAR 15 PM 12:20

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Corporate Filing Menu

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MAR 16 2024

K. Brumbley

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STORIJ INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Giselle Castro

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giselle Castro on behalf of InCorp Services, Inc. at _____

800-246-2677

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to, FLORIDA DEPARTMENT OF STATE

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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.

1. STORIJ INC.

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 27-5317824

(FEI number, if applicable)

4. 02/15/2011

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 134 N 4th St, Brooklyn, NY 11249

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: InCorp Services, Inc.Office Address: 3458 Lakeshore DriveTallahassee

(City)

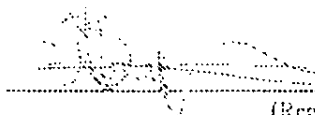
, Florida

32312

(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.



Louise Breitenbach on behalf of InCorp Services, Inc

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total].

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A. DIRECTORS

| | | | |
|---|--|---|--|
| <input type="checkbox"/> Chairman | Name: <u>Shaun So</u> | <input type="checkbox"/> Chairman | Name: <u>Richard Wheeler</u> |
| <input type="checkbox"/> Vice Chairman | Address <u>134 N 4th St. Brooklyn NY 11249</u> | <input type="checkbox"/> Vice Chairman | Address <u>134 N 4th St. Brooklyn NY 11249</u> |
| <input type="checkbox"/> Director | _____ | <input checked="" type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | _____ | <input checked="" type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input checked="" type="checkbox"/> Secretary | <input checked="" type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input checked="" type="checkbox"/> Other (CEO) | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Other (CEO) | <input type="checkbox"/> Other |

| | | | |
|---|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Chairman | Name: _____ | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: _____ | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input type="checkbox"/> Director | _____ | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | | | |
|---|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Chairman | Name: _____ | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: _____ | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input type="checkbox"/> Director | _____ | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals will not be indexed when filing your Florida Department of State Annual Report form.

12. Shaun So
DocuSigned by: 51145D62B036442
 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 § 817.155, F.S.

13. Shaun So, CEO
 (Typed or printed name and capacity of person signing application)

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STORIJ 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 FIFTEENTH 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 "STORIJ INC." WAS
INCORPORATED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2011.

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



4940767 8300

SR# 20241025651

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

Authentication: 203034872

Date: 03-15-24

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