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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	



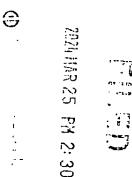


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COVER LETTER

TO: Registration Division of	i Section Corporations			
SUBJECT: Now i	Media Global, Inc.			
Sobsect.	Name of cor	rporation -	must include suffix	
Dear Sir or Madam:				
"Certificate of Exist	lication by Foreign Corpora tence," or "Certificate of Go reign corporation to transac	ood Stand	ing" and check are subi	
Please return all cor	respondence concerning th	is matter t	o the following:	
Alejandro Navia				
	1	Name of P	erson	
Now Media Global, Ir	nc.			
	F	irm/Comp	any	
220 NW 48th street				
		Addres	s	
Miami, FL 33127				
, d , d	City	y/State and	d Zip code	
navia@nftnow.com				
	E-mail address: (to l	be used fo	r future annual report n	otification)
For further informat	tion concerning this matter.	. please ca	II:	
Alejandro Navia	9 at (54		
Name of Pe	erson A	rea Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	for the following amount: yable to: FLORIDA DEPAR e \$78.75 Filing Fee Certificate of Star	:& □	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

Now Media Glo	bal, Inc.				
	orporation: must include "INCORPORATEI orp," "Inc," "Co," or "Corp,"))," "CO	MPANY," "CORPORATIO		
(If name unavaila	able in Florida, enter alternate corporate nam	e adopte	d for the purpose of transacti	ing business in Florida)	
Delaware	5	86-23	86-2369618		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		pplicable)	
March 15, 2023	5				
	(Date of incorporation)		(Date of duration, if other than perpetual)		
	6-8 Decemb	en 20	23		
	(Principal o	ffice <u>stre</u>	eet address)		
	(Current mail	ling addr	ess, if different)		
				8	
. Name and <u>stree</u> Name:	t address of Florida registered agent: (P Alejandro Navia	.O. Box	NOT acceptable)	.025 HAR	
Name:		.O. Box	NOT acceptable)	1024 HAR 25	
	Alejandro Navia 220 NW 48th street		NOT acceptable) Florida 33127	1921 HAR 2	

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.

(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.

■Chairman	Name:	<u></u>	Amena Dolone			
		□Chairman	Name:			
□Vice Chairman	Address: 63 Skillman Ave	□Vice Chairman	Address: 63 Skillman Ave			
Director	ICE	Director	ICF			
■ President	Brooklyn, NY 11211	□President	Brooklyn, NY 11211			
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	■Other CTO	□Other			
	Matt Medved					
□ Chairman	Name: 63 Skillman Ave	□Chairman	Name:			
□ Vice Chairman	Address: 63 Skillman Ave	□ Vice Chairman	Address:			
Director		□Director				
□President	Brooklyn, NY 11211	□President				
□Vice 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: 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. 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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NOW MEDIA GLOBAL, 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 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 "NOW MEDIA GLOBAL, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MARCH, A.D. 2023.

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

Authentication: 203091896

Date: 03-22-24