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.

(((H24000145401 3)))



H240001454013ABCV

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION Sherpa Market Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

H24000145401 3

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Sherpa M	-		
30BEC1.	Name of corporati	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existenc	ion by Foreign Corporation foe," or "Certificate of Good St n corporation to transact busing	anding" and check are sub	
Please return all corresp	ondence concerning this matt	ter to the following:	
Andrew Murray			
-	Name (of Person	
Cruz-Abrams Seigel LLC			
	Firm/Co	ompany	
600 17th Street, Suite 280	90 South		
	Adı	tress	
Denver, CO 80202			
	City/State	and Zip code	-
marc@gowithsherpa.com			
	E-mail address: (to be used	for future annual report r	notification)
For further information	concerning this matter, please	e call:	
Andrew Murray	at (303	390-1711	
Name of Person		ode Daytime Telep	hone Number
Registration Sec Division of Cor The Centre of T	porations 'allahassee e Street, Suite 810	MAILING A Registration S Division of Ce P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for Please make check payabl \$70.00 Filing Fee	the following amount: to: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	NT 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 H24000145401 3

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		
(State or count	y under the law of which it is incorporated)	(FEI number, if app	plicable)
April 19, 2024	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	lorida, if prior to registration) 2, F.S., to determine penalty liabilit	ry)
31 SE 5th Street,	Apt. 3002		
	(Principal office	street address)	
Miami, FL 3313	1		
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O. Marc Tawil	Box NOT acceptable)	2024 77.2
	31 SE 5th Street, Apt. 3002	_	: #.; :-2
fice Address:			100
	Miami	, Florida	<u>.</u>
	(City)	(Zip code)	\ \frac{1}{11}
	ont [†] e accontance		လွ
Registered ag	ent s acceptance.		
	ed as registered agent and to accept service	of process for the above stated	corporation at the place

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]:

Merritt Walker 8004323622 DocuSign Envelope (D: 804CF498-CE7B-488E-98B1-C8B20F4D2CEA

(05/06) 04/22/2024 09:34:54 AM

A. DIRECTORS H240001454013 Marc Tawil Name: Chairman □Chairman Name: ___ 31 SE 5th Street, Apt. 3002 □Vice Chairman Address: □Vice Chairman Address: ____ Miami, FL 33131 ☐ Director □Director President ☐ President ☐ Vice President ☐Vice President **■**Secretary Treasurer ☐ Sccretary □ 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____ COther ____ Name: _____ Chairman ☐ Chairman Name: ______ □Vice Chairman Address: ☐Vice Chairman Address: ______ ☐ Director □Director □President □ President □Vice President _____ ☐Vice President □ Secretary ☐ Treasurer □ 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.

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

Marc Tawil, Chief Executive Officer

12.

в.817.155, F.S.

Delaware The First State

H24000145401 3

Page 1

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

DELAMARE, DO HEREBY CERTIFY "SHERPA MARKET 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 APRIL, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHERPA MARKET INC." WAS INCORPORATED ON THE NINETEENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 203299737

Date: 04-22-24

H24000145401 3