5/16/24, 6:34 PM

Division of Corporations



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.

(((H24000177565 3)))



H240001775653ABC4

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

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

\*\*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 INTEREST MEDIA, INC.

Certificate of Status	0
Certified Copy	Û
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

 $\bigcirc$ 

To:

## 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.

(If name unavai	able in Florida, enter alternate corporate name a	dopted for the purpose of transact	ing business in Florida)
DELAWARE			
(State or count	y under the law of which it is incorporated)	(FEI number, if ;	applicable)
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 72, F.S., to determine penalty liab	ility)
181 W. BROW	ARD BLVD., SUITE 255, PLANTATION, FL	33323	
	(Principal offic	e <u>street</u> address)	
312 SW GREEN	WICH DRIVE #437, LEE'S SUMMIT, MO 640	082	
	(Current mailing	address, if different)	
Name and stre Name:	et address of Florida registered agent: (P.O. VCORP AGENT SERVICES, INC.	•	(f)
Name:	et address of Florida registered agent: (P.O.	•	2024 P
Name:	et address of Florida registered agent: (P.O. VCORP AGENT SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD	Box NOT acceptable)	2024 MAY
Name:	et address of Florida registered agent: (P.O. VCORP AGENT SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD	Box NOT acceptable)	2024 MAY 17
Name:  ffice Address:  Registered agaving been nansignated in this rther agree to define the control of the con	et address of Florida registered agent: (P.O. VCORP AGENT SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD	Box NOT acceptable)  Florida \( \frac{33324}{\text{(Zip code)}} \)  e of process for the above state ent as registered agent and aguative to the proper and complete the complete the proper and complete the proper an	ree to act-insthis c <u>un</u> t

<sup>10.</sup> 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.

To:

## A. DIRECTORS JOSHI BRIJESH ☐ Chairman Name: \_\_\_\_\_ □ Chairman F/19, BUSINESS CENTER 1 □Vice Chairman Address. □Vice Chairman Address \_\_\_\_\_ BUSINESS PARK Director □ Director RAK ECONOMIC ZONE □President □ President RAS AL KHAIMAH, UAE □Vice President DVice President $\square$ Secretary □Treasurer DSecretary. ☐ Treasurer Other \_\_\_\_ □Other \_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_ Name: \_\_\_\_\_ Name. □ Chairman □C'hairman Address UVice Chairman Address: □Vice Chairman Director ☐Director □President □President □Vice President \_ □Vice President ☐ Secretary ☐Treasmer □Secretary. ☐Treasurer ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Other \_\_\_\_\_ Name: □ Chairman Name: □ Chairman □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □Director □Director | []President El President □Vice President \_\_\_\_ ☐ Vice President □ Secretary ☐Treasurer ☐Treasurer ☐ Secretary □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. Marie 1 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.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "INTEREST MEDIA, 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 SIXTEENTH DAY OF MAY, 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 "INTEREST MEDIA, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MAY, A.D. 2020.

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

a at corn delaware soy/auth

Authentication: 203495396

Date: 05-16-24