## F24000002725

(Requ	jestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
W24-6=	3,255	 >		

Office Use Only



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SECRETARY OF STATE
STATEMENT OF CORPORATIONS
24 MAY 22 4M11:50



April 22, 2024

GEOFFREY MINTZ 1311 S PALMWAY LAKE WORTH BEACH, FL 33460 US

SUBJECT: CLASSMATE PLAYDATE, INC.

Ref. Number: W24000063255

We have received your document for CLASSMATE PLAYDATE, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 524A00008700

Ariel Jones Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Classmate Playdate, 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:				
Gentlery Mintz				
Geoffrey Mint 2				
Classmate Playdate, Inc.				
FirmCompany				
13/1 5 Pg/mwgy				
Address				
Address  Lake Worth Beach FL 33460  City/State and Zip code  9 m yachts man @ yahoo-com  E-mail address: (to be used for future annual report notification)	_			
City/State and Zip code				
9 m yachtsmyn@yghoo.com	_			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Geoffrey Mint2 at (917) 825-01/2 Name of Person at (917) Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations  Division of Corporations				
The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314	Tallahassee, FL 32314			
Tallahassee, FL 32303				
Enclosed is a check for the following amount:				
Please make check payable to: FLORIDA DEPARTMENT OF STATE				
\$70.00 Filing Fee \$\Begin{array}{c} \$78.75 Filing Fee & \Begin{array}{c} \$878.75 Filing Fee & \Begin{array}{c} \$87.50 Filing Fee & \Begin{array}{c} \$87.50 Filing Fee & \Begin{array}{c} \$Certificate of Status & Certified Copy & \Begin{array}{c} \$Certified Copy &	s &			

## 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. C/955M9te P/97d9te, Inc.
(Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION." "lne.." "Co.," "Corp." "Inc," "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. De laware (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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,

(Rensered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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	CC 4. /					
★Chairman	Name: Geoffrey Mintz	□Chairman	Name:			
□ Vice Chairman	Addiess: 13/15 Palmway	□ Vice Charman	Address:			
⊡Director	Lake Worth Beach, FL 3346	O_Director				
□President		□ President				
□ Vice President		□ Vice President				
☐Secretary	Treasurer	☐ Secretary	□ Treasurer			
Xother CG	9	ZOther				
□Chairman	Name:	□Chairman	Name.			
□Vice Chairman	Address;	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
<b>Secretary</b>	Treasure:	<b>Secretary</b>	Treasurer			
□Other		□Other				
□Chairman	Name.	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Charrman	Address:			
□Director		□ Director				
□President		_President				
□Vice President		□ Vice President				
□ Secretary	Treasurer	<b>Secretary</b>	Treasurer			
□Other		TOther				
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						
13. Geoffrey Mintz CEO  (Typed or printed name and capacity of person signing application)						
cryped or prince mane and capacity or person signing apparention)						

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CLASSMATE PLAYDATE, 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-EIGHTH DAY OF FEBRUARY, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLASSMATE PLAYDATE, INC." WAS INCORPORATED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2024.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 202906947

Date: 02-28-24

3077118 8300 SR# 20240586059