F2400000 4469

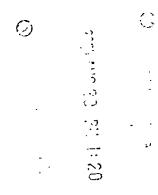
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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08/20/24--01088--012 **08.00



COVER LETTER

TO:	Division of Corporations					
SHRI	ECT:	Cadenc	e Onefive	e Inc.		
Б С В	LCI.				- must include suff	x
Dear S	Sir or M	adam:				
"Certi	ficate of	l'Existence," o		of Good Stan	ding" and check are	ansact Business in Florida," submitted to register the
Please	return a	all correspond	ence concernin	ig this matter	to the following:	
Ret	ekal	n Remp				
				Name of	Person	
Har	bor (Compliar	nce			
				Firm/Com	pany	
183	0 Co	lonial Vi	llage Lan	e		
				Addre	?ss	
Lan	cast	er, PA, 1	7601			
				City/State a	nd Zip code	
prof	essio		porcomplia			
		1	-mail address:	(to be used t	or future annual rep	ort notification)
For fu	rther inf	formation con	cerning this ma	itter, please c	all:	
RR	EMF)		717	_, 844-6897	
-	Name	e of Person	·	Area Cod	e Daytime T	elephone Number
	Regis Divisi The C 2415	tration Section ion of Corpora Centre of Talla	itions hassee reet, Suite 810	:	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314
Please		eck payable to:	following amore FLORIDA DE \$78.75 Filing Certificate of	PARTMENT Fee &	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.

	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ting business in Florida	.)	
Delaware		87-3676768		_	
(State or countr 11/22/202	y under the law of which it is incorporated)	(FEI number, if			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
July 1, 2023				_	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)		
370 Jay St	FI 7, Brooklyn, NY 11201 -	3828			
	(Principal off	ice street address)			
	(0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		_	
	(Current mann	ng address, if different)			
Name and stree	et address of Florida registered agent: (P.G	O. Box NOT acceptable)			
Name:	Registered Agents Inc	•			
īce Address:	7901 4th St N STE 300		Ø,		
	St. Petersburg	, Florida 33702 (Zip code)	98 5 E. S. S.		
	(City)	(Zip code)			
	· · · · · · · · · · · · · · · · · · ·		පි		
Registered ag	•				
ving been nam	ent's acceptance: led as registered agent and to accept serve				
ving been nam ignated in this	ent's acceptance:	ment as registered agent and ag	ree to act in this cap	aci	

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	· _							
□Chairman	Name: Bomee Jung	□Chairman	Name: Marc Zuluaga					
□Vice Chairman	Address:	□Vice Chairman	Address:					
☑Director	370 Jay St Fl 7	Director	370 Jay St Fl 7					
☐ President	Brooklyn, NY 11201 - 3828	□President	Brooklyn, NY 11201 - 3828					
□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					
□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. /s/ Bomes Jung 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.S₂

Bomee Jung, President

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

DELAWARE, DO HEREBY CERTIFY "CADENCE ONEFIVE 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 THIRTEENTH DAY OF AUGUST, 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 "CADENCE ONEFIVE INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204147059

Date: 08-13-24