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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

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### FOREIGN PROFIT/NONPROFIT CORPORATION **Everyman CO PC**

Certificate of Status	0
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SEP 1 6 2024

K. Brumbley

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## 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.

Everyman (	CO PC Inc			
(Enter name of c	corporation; must include "INCORPORATED," Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate name ad	lopted for the purpose of transacting b	ousiness in Florida)	
. co	3.			
(State or count 07/29/2024	ry under the law of which it is incorporated)  5	(FEI number, if appli	cable)	
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
) <b>.</b>				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150			
7901 4th St i	N STE 300 St. Petersburg, FL 33702			
7901 4th St	(Principal office N STE 300 St. Petersburg, FL 33702	street address)		
	<del>-</del>	address, if different)		
		, , , , , , , , , , , , , , , , , , , ,		
. Name and <u>stre</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	26	
Name:	Name: Registered Agents Inc			
Office Address:	7901 4TH ST N STE 300	_		
inde i kaness.	ST. PETERSBURG	 Florida	₽,	
	(City)	(Zip code)	. <u> </u>	
. Registered ag	ent's acceptance:		<u>্</u> য	
laving been nan lesignated in this urther agree to c	ned as registered agent and to accept services application, I hereby accept the appointme comply with the provisions of all statutes relar with and accept the obligations of my positions.	nt as registered agent and agree t ative to the proper and complete p	to act in this capacity. 1	
-	(Registered algent's sign	Boerts	_	
	(Registered agent & sign	iditii <del>e)</del>		

under the law of which it is incorporated.

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

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

	•	_	•	-	 ** **
۹.		.,		,	 
3.	.,,	I.	1.	v	 RS

□ Chairman	Name:	□ Chairman	Name: Chu, Kevin			
□Vice Chairman ■Director	Address: 7901 4th St N STE 300	□ Vice Chairman	Address:			
■ Director  ■ President	St. Petersburg, FL 33702	■ Director  □ President	St. Petersburg, FL 33702			
□Vice President		□ Vice President				
Secretary	□Treasurer	□ Secretary	<b>■</b> Treasurer			
Other	Other	□Other	□Other			
□Chainnan	Name: Kineish, Omer	<b>□</b> Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
■Director	7901 4th St N STE 300	□ Director				
□President	St. Petersburg, FL 33702	□President	-1,			
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Tæasurer			
Other	Other	Other	Other			
□Chaiπnan	Name:	□Chairman	Name:			
∪Vice Chairman	Address:	UVice 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. Michael Jurewicz  Against 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.

13. Michael Jurewicz, director

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# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Everyman CO PC

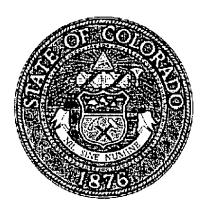
is a

#### Corporation

formed or registered on 07/29/2024 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20241806770.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/13/2024 that have been posted, and by documents delivered to this office electronically through 09/16/2024 @ 10:14:59.

I have affixed hereto the Great Scal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/16/2024 @ 10:14:59 in accordance with applicable law. This certificate is assigned Confirmation Number 16387501



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, into some observations graphic Certificate Search Concern do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our websuc, https://www.coloradosos.gov/click/"Businesses, trademarks, trade names" and select "Frequently Asked Questions."