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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Prive Hospitality Corp.	
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	for Authorization to Transact Business in Florida," Standing" and check are submitted to register the isiness in Florida.
Please return all correspondence concerning this m	atter to the following:
Alejandra M. Gonzalez, Esq.	
Nam	e of Person
Benemerito Attorneys at Law, PLLC	
Firm/	Company
14 Walt Street, 20th Fl	
Λ	Address
New York, NY 10005	
City/Sta	ite and Zip code
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	'
Alejandra M. Gonzalez, Esq. 917	776-3286
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM 570.00 Filing Fee Certificate of Status	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee. Certified Copy Certified Copy 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.

1. Prive Hospitalit	ty Corp.		
(Enter name of c	corporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
N/A			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	siness in Florida)
, Delaware	3		
(State or countr	(State or country under the law of which it is incorporated) (FEI number, if appli		ble)
July 29, 2024		N/A	
	(Date of incorporation) 5. (Date of duration, if other than per		perpetual)
N/A 6.			
7. 327 W 22nd St. A	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) Apt. 3 New York, NY 10011 (Principal office)	22, F.S., to determine penalty liability) e street address)	
	(· · · · · · · · · · · · · · · · · · ·	e <u>arreer</u> address;	SEC 9) VISI 24 \$
	(Current mailing	address, if different)	SIGN OF
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	9 P
Name:	Registered Agents Inc		PH 6: 04
Office Address:	7901 4th Street N Suite 300		10
	St Petersburg	. Florida 33702	
	(City)	(Zip code)	

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

(Registered agents signature)

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 Nicholas Solarewicz Chairman □ Chairman Name: 327 W 22nd St. Apt. 3 ☐ Vice Chairman Address: □Vice Chairman Address: _____ New York, NY 10011 Director □ Director □President □ President ☐ Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary Treasurer ☐Other ____ □Other _____ □Other _ ____ □Other ____ Name: Christopher Moore □ Chairman □ Chairman Name: _____ 327 W 22nd St. Apt. 3 □ Vice Chairman Address: ___ □ Vice Chairman Address: New York, NY 10011 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 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 s.817.155. F.S.

, Nicholas Solarewicz, Director and CEO

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

DELAWARE, DO HEREBY CERTIFY "PRIVE HOSPITALITY CORP." 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 THIRTIETH DAY OF JULY, A.D. 2024.



Authentication: 204050669

Date: 07-30-24