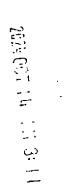
F24000005452

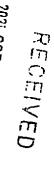
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24-140561

Office Use Only



600434160506





CCT 1 7 2024





October 14, 2024

COGENCY GLOBAL

SUBJECT: ACADIANT CORPORATION

Ref. Number: W24000140561

We have received your document for ACADIANT CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Owner is not an acceptable title. PLease choose one of the options on the application.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY Regulatory Specialist II Supervisor

please keep Original File date

Letter Number: 524A00022686



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date:	10/16/2024				
Name:	Cheyanne Davis	<u>.</u>			
Reference	#:2525926	_			
		CORPORATION			
✓ Artic	eles of Incorporation/Authorization	to Transact Business			
Ame	endment				
Chai	nge of Agent				
Rein	Reinstatement				
☐ Conversion					
☐ Merg	☐ Merger				
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
Othe	er				
Authorized	Amount: \$125.00				
Signature:	(A) D:				

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	JECT:	Acadia	ant Corporation	
0010		ame of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi		ficate of Good Stand	Authorization to Transact Business in Florida ding" and check are submitted to register the ss in Florida.	••
Please	return all correspondence cor	ncerning this matter	to the following:	
		Kyaza Tu	ırane	
		Name of I	Person	
		Sullivan & Word	cestor LLP	
		Firm/Com	ipany	
		1251 Avenue of th	he Americas	
	·· -	Addre	ess	
		New York, New '	York 10021	
	-	City/State ar	nd Zip code	
		kturane@sulliva	anlaw.com	
	E-mail ac	ldress: (to be used fo	or future annual report notification)	
For fu	rther information concerning	his matter, please ca	all:	
	Kyaza Turane	at (212) 660-3036	
	Name of Person	Area Code	e Daytime Telephone Number	
	STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	•	DA DEPARTMENT	OF STATE 3 \$78.75 Filing Fee &	Status &

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.	A	Acadiant Corpo	oration	
(Enter name of co	rporation; must include "INCOR rp," "Inc," "Co," or "Corp.")	PORATED," "	COMPANY," "CORPORATION,"	
(If name unavailal	ole in Florida, enter alternate corp	porate name ado	opted for the purpose of transacting bu	usiness in Florida)
2	Delaware	3.	(FEI number, if applications)	
(State or country	under the law of which it is inco	rporated)	(FEI number, if application)	able)
4.	10/23/2023	5.		
(Date o	of incorporation)		(Date of duration, if other than	perpetual)
6				
	(Date first transacte (SEE SECTIONS 607.15	d business in F 301 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liability)	
7.	2049 South Ocean Drive	e #205E, Halla	andale Beach, Florida 33009	
· · · · · · · · · · · · · · · · · · ·	(I	rincipal office	street address)	
				
	(C	arrent mailing a	iddress, if different)	<i>د</i> ع
0.31	in contract to		a Mar	2624 OCT
8. Name and street	address of Florida registered	•	Box NOT acceptable)	
Name:	Cogency Global	łnc. ————		
Office Address:	115 North Calhoun Str	eet, Suite 4		
Office Address.	Tallahassee, Flo	vida	— 32301	1.i
		—————	, Florida(Zip code)	بب
	(City)		(Zip code)	·
designated in this of further agree to co and I am familiar	ed as registered agent and to a application, I hereby accept the	he appointment Il statutes rela Ins of my posit		act in this capacity. I
	(Register	red agent's sign	ature)	-

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	Jackie Kestenbaum	□Chairman	Name:	William Chute	
□Vice Chairman	2049 South Ocean Drive	□Vice Chairman	Address:	2049 South Ocean Drive	
Director	#205E, Hallandale Beach	■ Director		5E, Hallandale Beach	
■ President	Florida 33009	□President		Florida 33009	
□Vice President		■Vice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	Other	□Other		Other	
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman			
□Director		□Director			
□President	·- <u>-</u> -	□President	-	· · · · · · · · · · · · · · · · · · ·	
□Vice President		□Vice President			
Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	□Other	Other		□Other	
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □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/ Jackie Ke				
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.					
13	Jackie Kestenbaum				
(Typed or printed name and capacity of person signing application)					



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

DELAWARE, DO HEREBY CERTIFY "ACADIANT CORPORATION" 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 ELEVENTH DAY OF OCTOBER, 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 "ACADIANT CORPORATION" WAS INCORPORATED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2023.

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

at corn delaware gov/aut

Authentication: 204616199

Date: 10-11-24

2524584 8300 SR# 20243932381