F24000005514

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

Office Use Only



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OCT 22 2024 K. Brumbley



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE	· 	**WALK IN**
ENTITY NAME Gree	nScreens Al, Inc.	
DOCUMENT NUMB	ER	
	PLEASE FILE TH	HE ATTACHED AND RETURN
xxxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts Certified Copy of Arts Certificate of Status	EOLLOWING FOR THE ABOVE ENTITY** & Amendments & Amendments Complete File (Inclading Annaal Reports) effecting:
	APOSTILLE' / I	NOTARIAL CERTIFICATION
COUNTRY OF DESTIN	YATION	
NUMBER OF CERTIFIC		
TOTAL OWED \$ 70.0	00	ACCOUNT # 120160000072 4: C) W
Please call Tina at	the above number for i	any issues or concerns. Thank you so much!

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. GREENSCREE	NS AI, INC.	<u></u>	
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	
GREENSCREE	NS AI HQ, INC.		
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting b	usiness in Florida)
Delaware 2.	3	85-0537304	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applic	able)
03/16/2020	5	Perpetual	
	of incorporation)	(Date of duration, if other than perpetual)	
Upon Filing			
	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
, 130 South Indian	River Dr. Suite 202, Fort Pierce, FL 34950		
•		fice street address)	
PO Box 567, For	t Pierce, FL 34954-0567		
	(Current mail	ing address, if different)	r->
			2024-0117
. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	
Name:	Registered Agents Inc		2
Office Address:	7901 4th St. N STE 300		
	St. Petersburg	, Florida 33702 (Zip code)	بب
	(City)	(Zip code)	5
) Dogistared na	ent's acceptance:		
laving been nam	ed as registered agent and to accept serv application, I hereby accept the appoint	vice of process for the above stated co	orporation at the place o act in this capacity.
further agree to c	omply with the provisions of all statutes with and accept the obligations of my p	relative to the proper and complete p	erformance of my dut
_	/s/ David Roberts, Assistant Secret	ary	_
	(Registered agent's	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			Audeur Machandria			
□Chairman	Name: Dawn Salvucci-Favier	□Chairman	Name: Andrey Machanskis			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
Director	Suite 202	□Director	Suite 202			
□President	Fort Pierce, FL 34950	□President	Fort Pierce, FL 34950			
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	■ Treasurer			
■Other	Other	□Other	□Other			
□Chairman	Stephen Polakoff	□ Chairman	Name: Bejamin Gordon			
	130 South Indian River Dr		130 South Indian River Dr			
	Suite 202	Director	Suite 202			
☐ Director	Fort Pierce, FL 34950		Fort Pierce, FL 34950			
President		□President	<u> </u>			
∐Vice President						
■ Secretary	□Treasurer	☐ Secretary	☐ Treasurer			
Other	Other	Other	Other			
□ Chairman	Name: Feliks Lyubashevskiy	□ Chairman	Name:			
	Name: 130 South Indian River Dr Address:		130 South Indian River Dr			
	Suite 202	Director	Suite 202			
Director	Fort Pierce, FL 34950	□President	Fort Pierce, FL 34950			
President		_				
∐Vice President		□Vice President				
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	Other			
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	chment will be image nt of State Annual Re	d for reporting purposes only. Non-indexed eport form.			
12	Signature of Director of	r 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. Andrew Machanekis Treasurer						

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GREENSCREENS AI, 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-SECOND 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 "GREENSCREENS AI,

INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MARCH, A.D. 2020.

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

Authentication: 204688247

Date: 10-22-24

7903929 8300 SR# 20244008923