# F24000005543

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PICK-UP WAIT MAIL					
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OCT 24 ZOZ4 K. Brumbiey CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 705794 8465143

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE: October 16, 2024

ORDER TIME : 10:52 AM

ORDER NO. : 705794-005

CUSTOMER NO: 8465143

\_\_\_\_\_

### FOREIGN FILINGS

NAME: THEVIBE INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

## **COVER LETTER**

_	tration Section ion of Corporations			
SUBJECT:	THEVIBE INC.			
oobsec		of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standi	ng" and check are submit	
Please return	all correspondence concerni	ng this matter to	the following:	
Ryan Rapp				
		Name of Pe	rson	
TheVibe Inc.				
	<del></del>	Firm/Compa	any	
408 Coco Beac	ch Blvd, Apt 202			
		Address	3	
Rio Grande, Pl	R 00745			
		City/State and	Zip code	·
ryan@vibn.io				
	E-mail address	: (to be used for	future annual report noti	fication)
For further in	formation concerning this m	atter, please cal	<b>l</b> :	
Ryan Rapp		917 at (	703-3500	
Nam	e of Person	Area Code	Daytime Telephon	e Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FL	ion orations
	check for the following amoreck payable to: FLORIDA DF ing Fee	EPARTMENT O		■ \$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.

THEVIBE INC	·		
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)
Delaware	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if application	ible)
07/18/2024	5		
(Date of incorporation) 5		(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
8260 NE 12th A	venue Miami, FL 33138		
`	(Principal office	street address)	<u>.</u>
408 Coco Beach	Blvd, Apt 202, Rio Grande, PR 00745		
	(Current mailing	address, if different)	
			ښ
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	F. 1
Name:	Corporation Service Company		
ffice Address:	1201 Hays Street	_	21
mee Address.	Tallahassee	— 32301	,
	<u> </u>	, Florida 32301	 پې
	(City)	(Zip code)	<u>۔</u> ت
laving been nan	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela	nt as registered agent and agree to ative to the proper and complete pe	rporation at the act in this cap
urther agree to c	with and accept the obligations of my positions are my positions.		
irther agree to c	with and accept the obligations of my posit	ion as registerea agent	
urther agree to c nd I am familiai	with and accept the obligations of my positions of my positions.  Corporation Service Company	um us registereu ugent.	

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Caroline Desmarais □ Chairman □ Chairman Name: \_\_\_\_\_ 12 Windy Bank ☐ Vice Chairman Address: □Vice Chairman Address: Smiths, Bermuda Director Director □ President President □Vice President ☐ Vice President ☐ Treasurer ☐ Secretary □Treasurer □ Secretary CEO \_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ Ryan Rapp □ Chairman Chairman Name: Name: \_\_\_\_\_ 408 Coco Beach Blvd, Apt 202 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Rio Grande, PR 00745 □ Director ☐ Director □ President □ President ☐ Vice President ☐ Vice President Treasurer Treasurer ■ Secretary ☐ Secretary CFO Other\_ □Other \_\_\_\_ □Other \_\_\_\_\_ Other □ Chairman Chairman Name: \_\_\_\_\_\_ □Vice Chairman Address: ☐ Vice Chairman Address: Director □ Director □ President □ President □Vice President \_ □Vice President ☐ Treasurer ☐ Secretary □Treasurer ☐ Secretary □ 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. 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.

Ryan Rapp, CFO/Treasurer/Secretary



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

DELAWARE, DO HEREBY CERTIFY "THEVIBE 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THEVIBE INC."

WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D. 2024.

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



Authentication: 204660998

Date: 10-17-24