

F24000005827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

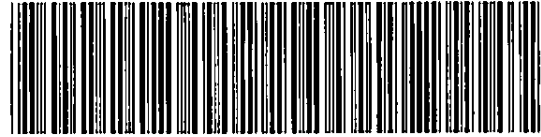
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Special Instructions to Filing Officer:

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10/10/24--01003--002 **1052.50

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2024 NOV -8 PM 2:40
TALLAHASSEE, FL

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SECRETARY OF STATE
2024 NOV -8 AM 10:06

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2024

570

08:27

Inquire By Deposit Number

11/07/24

DEP Page 0002/0003

| | | | |
|---------------------|----------------------|-----------------|------------|
| Deposit Number | : 10/10/24 01003 002 | Deposit Amount | : 1,052.50 |
| Account Number | : | Deposit Balance | : 975.00 |
| Refund Request Date | : | Debit Memo Date | : |
| Refund Mail Date | : | Void Date | : |
| Refund Amount | : 0.00 | User ID | : JSADLER |
| Requester | : | | |

| | | |
|--------------------|----------------|-------------------------------|
| | | DOC Page 0001/0002 |
| Tracking Number | : 700436638667 | Document Number: W24000138599 |
| Ledger Date | : 11/07/24 | Sub Account Number: |
| Document Requester | : CORAREJ | |

| <u>Category</u> | <u>Description</u> | <u>Amount</u> |
|-----------------|--------------------|---------------|
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This is the leftover
money for LIDA Lf

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 11/8

CERTIFIED COPY

XX PHOTOCOPY

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FOREIGN INC

1. RAE INTERNET, INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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. RAE INTERNET, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3. 13-4137038

(FEI number, if applicable)

4. 09/15/2000

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. PO Box 143 Ardsley on the Hudson, NY10503

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Samuel Broda

Office Address: 1406 Oxford Lane

Boynton Beach

(City)

, Florida

33426

(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.

Samuel Broda

(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.

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

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SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: Samuel Broda
☐ Vice Chairman Address: 1406 Oxford Lane
☐ Director Boynton Beach, FL 33426
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Paul Stern
☐ Vice Chairman Address: 2515 Murrell Road
☐ Director Santa Barbara, CA 93109
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gail McGlamery
☐ Vice Chairman Address: 253 Rainbow Drive #15398
☐ Director Livingston, TX 77399
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. Samuel Broda
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. Samuel Broda - President
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

| | |
|----------------------------------|-------------------------------|
| Entity Name: | RAE INTERNET, INC. |
| DOS ID Number: | 2553238 |
| Entity Type: | DOMESTIC BUSINESS CORPORATION |
| Entity Status: | EXISTING |
| Date of Initial Filing with DOS: | 09/15/2000 |
| Statement Status: | CURRENT |
| Statement Due Date: | 09/30/2026 |

I certify that the following is a list of documents on file in the Department of State for said entity:

| | |
|-----------------|------------------------------|
| Document Type: | CERTIFICATE OF INCORPORATION |
| Date of Filing: | 09/15/2000 |
| Entity Name: | RAE INTERNET, INC. |

| | |
|-----------------|--------------------|
| Document Type: | BIENNIAL STATEMENT |
| Date of Filing: | 08/29/2002 |
| Effective Date: | 09/01/2002 |

| | |
|-----------------|--------------------|
| Document Type: | BIENNIAL STATEMENT |
| Date of Filing: | 01/18/2011 |
| Effective Date: | 09/01/2010 |

Document Type: CERTIFICATE OF AMENDMENT

Date of Filing: 01/24/2011

Document Type: BIENNIAL STATEMENT

Date of Filing: 03/06/2014

Effective Date: 09/01/2012

Document Type: BIENNIAL STATEMENT

Date of Filing: 09/26/2014

Effective Date: 09/01/2014

Document Type: BIENNIAL STATEMENT

Date of Filing: 10/05/2016

Effective Date: 09/01/2016

Document Type: BIENNIAL STATEMENT

Date of Filing: 06/04/2020

Effective Date: 09/01/2018

Document Type: BIENNIAL STATEMENT

Date of Filing: 03/10/2021

Effective Date: 09/01/2020

Document Type: CERTIFICATE OF CHANGE BY ENTITY

Date of Filing: 01/25/2022

Document Type: BIENNIAL STATEMENT

Date of Filing: 09/06/2022

Effective Date: 09/01/2022

Document Type: CERTIFICATE OF AMENDMENT

Date of Filing: 01/19/2023

Document Type: BIENNIAL STATEMENT

Date of Filing: 09/25/2024

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on November 08, 2024
at 11:35 A.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State