

F24000006244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

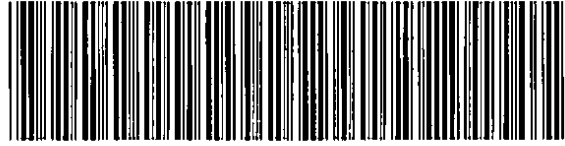
(Business Entity Name)

(Document Number)

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**CORPORATE
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WALK IN

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CERTIFIED COPY _____

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1. **FLATK1347 GROUP CORPORATION** _____

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(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. FLATK1347 GROUP CORPORATION
(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 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/07/2023 5.
(Date of incorporation) (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. 2637 WILLARD AVE, BALDWIN, NY 11510
(Principal office address)

(Current mailing address, if different)

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

Name: Samaru Thorindra
Office Address: 8 Flatfish Dr
Poinciana, Florida 34759
(City) (Zip code)

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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.

Samaru Thorindra

(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Samaru Thorindra

Address: 2637 WILLARD AVE, BALDWIN, NY 11510

Vice Chairman: Samaru Thorindra

Address: 2637 WILLARD AVE, BALDWIN, NY 11510

Director: Samaru Thorindra

Address: 2637 WILLARD AVE, BALDWIN, NY 11510

Director: Samaru Thorindra

Address: 2637 WILLARD AVE, BALDWIN, NY 11510

B. OFFICERS

President: Samaru Thorindra

Address: 2637 WILLARD AVE, BALDWIN, NY 11510

Vice President: Samaru Thorindra

Address: 2637 WILLARD AVE, BALDWIN, NY 11510

Secretary: Samaru Thorindra

Address: 2637 WILLARD AVE, BALDWIN, NY 11510

Treasurer: Samaru Thorindra

Address: 2637 WILLARD AVE, BALDWIN, NY 11510

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Samaru Thorindra

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. Samaru Thorindra - 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:	FLATKI347 GROUP CORPORATION
DOS ID Number:	7199793
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/07/2023
Statement Status:	CURRENT
Statement Due Date:	12/31/2025

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:	12/07/2023
Entity Name:	FLATKI347 GROUP CORPORATION

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 December 10, 2024
at 02:01 P.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

