Fa50000337

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

Office Use Only



900441824689

01/02/25--01026--624 ••267.56

2625 J.T.H. "2 B.H. 2: 37

T. LEMIEUX

JAN 1 6 2025

COVER LETTER

_	tration Sectionics of Corporation				
SUBJECT:	CMADTIEV I				
SUBJECT.		Name of corpo	ration -	must include suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence," o		d Standi	athorization to Transact l ng" and check are submi in Florida.	
Please return	all correspond	ence concerning this i	natter to	the following:	
Leonardo Zapi	pa				
		Nar	ne of Pe	rson	
SMARTIFY M	MEDIA, INC.				
	<u> </u>	Fim	ı/Compa		
2916 N Miami	Ave STE 1015		-	·	
	<u> </u>		Address		
Miami, FL 331	127				
•		City/S	tate and	Zip code	
accounting@s	martifymedia.co	-		•	
	<u>-</u>	-mail address: (to be	used for	future annual report not	ification)
For further in	formation con	cerning this matter, pl	ease cal	l:	
Leonardo Zappa 978			729-3042		
Nam	e of Person		a Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	eck payable to:	following amount: FLORIDA DEPARTS \$78.75 Filing Fee & Certificate of Status			\$87.50 Filing Fee. Certificate of 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. SMARTIFY M	EDIA, INC.			
*	orporation: must include "INCORPORATED." orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting b	ousiness in Florida)	
2. Delaware	3.	85-2999979 3.		
	y under the law of which it is incorporated)	(FEI number, if appli	cable)	
4. 5/28/2020	5.			
··	of incorporation)	(Date of duration, if other than perpetual)		
6. 1/1/2024				
7	ve STE 1015 Miami, FL 33127 (Principal office	: <u>street</u> address)		
	(Current mailing	address, if different)		
8. Name and <u>stres</u> Name:	et address of Florida registered agent: (P.O. Leonardo Zappa	Box <u>NOT</u> acceptable)	2625 3.11	
Office Address:	20960 5th Ave W	<u> </u>	rs	
	Summerland Key	Florida 33042		
	(City)	(Zip code)	ය දා දා	

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.

(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						
□Chairman	Name:	□Chairman N	Joseph Kunigonis			
□Vice Chairman	Address: 2916 N Miami Ave	□Vice Chairman A	ddress: 2916 N Miami Ave			
□Director	STE 1015	□Director _	STE 1015			
President	Miami, FL 33127	□President _	Miami, FL 33127			
□Vice President		□Vice President _				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Other CEO	□Other			
□ Chairman	Name:	□Chairman N	Leonardo Zappa			
	Address:		ddress:			
Director		□Director	STE 1015			
□President		☐ President	Miami, FL 33127			
☐ Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other		COO €Other	Other			
Dol. 1	N	El Christian N	Daniel Littell			
	Name:		2016 N Miami Ava			
	Address:		ddress: STE 1015			
Director		Director _	Miami, FL 33127			
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. 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						

The difference of director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of 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.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SMARTIFY MEDIA, 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-SEVENTH DAY OF DECEMBER, 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 "SMARTIFY MEDIA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2020.

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



Authentication: 205236855

Date: 12-27-24

7991788 8300 SR# 20244617234