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(Requestor's Name)
(Address)
(Address)
(133.333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/29/2025	
Name:	Cheyanne Davis	_
Reference	#:2633978	_
Entity Nam	e:COSOL ARTS	& SCIENCES INC.
✓ Artic	cles of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
☐ Cha	inge of Agent	
☐ Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Othe	er	
Authorized	Amount: \$70.00	
Signature:	Oryma Paine	

F: 800.944.6607

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.

0000L Ada 8 0staller

1.	COSOL Ans & Sciences Inc.,						
	rporation: must include "INC rp," "Inc." "Co." or "Corp.")	ORPORATED," "C	OMPANY," "CORPORATIC	9N,"			
(If name unavailab	ole in Florida, enter alternate	corporate name ador	oted for the purpose of transacti	ing business in Florida)			
	Delaware						
2. (State or country under the law of which it is incorporate		3 ncorporated)	(FEI number, if applicable)				
4. January	27, 2025						
(Date of incorporation)		5. <u></u>	(Date of duration, if other than perpetual)				
6.							
			rida, if prior to registration) F.S., to determine penalty liabi	lity)			
7.	333 Sunset Avenue	, Apartment 203, P	alm Beach, Florida 33480				
· · · · · · · · · · · · · · · · · · ·		(Principal office st	treet address)				
		(Current mailing ad	dress, if different)				
8. Name and street	address of Florida register	red agent: (P.O. Bo	ox <u>NOT</u> acceptable)	2025			
Name:	Cogency Glo	bal Inc.	_	F10 2025 JAN 2 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Office Address:	115 North Calhoun	Street, Suite 4	_	24 o 53			
	Tallahassee.	Florida	. Florida 32301	7 1 2 PR			
	(City)		(Zip code)	<u> </u>			

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.

Katie Nicholson, Assistant Secretary

(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.

Docusign Envelope ID: 1FFA8EBA-4A16-4446-BD7D-A7AB585D64D7

A. DIRECTORS

Scott David Greenberg Alexandra Hooven □Chairman Name: ___ □ Chairman Name: 333 Sunset Avenue, Apt. 203 333 Sunset Avenue, Apt. 203 □ Vice Chairman Address: _ □Vice Chairman Address: Palm Beach, Florida 33480. Palm Beach, Florida 33480. ■Director ■Director President □President ☐ Vice President □ Vice President □ Secretary ☐ Treasurer ■ Secretary □Treasurer CEO □Other _____ ■Other ___ □Other _____ □Other _____ Name: _____ □Chairman Name: ______ □Chairman □Vice Chairman □Vice Chairman Address: _____ Address: □Director □Director □ President □President □ Vice President □Vice President □ Secretary ☐Treasurer □ Secretary Treasurer □Other □Other _____ □Other _____ □ Chairman Name: □Chairman Name: _____ □Vice Chairman Address: ______ □Vice Chairman Address: □ Director □ Director □President □President □Vice President ____ ☐ Vice President □ Secretary □ Secretary □ Treasurer □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 Dapartment of State Annual Report form. Scott David Greenberg Signature (##) PROGRAPOR 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. Scott David Greenberg, CEO (Typed or printed name and capacity of person signing application)

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Delaware The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COSOL ARTS & SCIENCES 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-NINTH DAY OF JANUARY, A.D.

2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COSOL ARTS & SCIENCES INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2025.

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

Charuni P. Sanchez, Secretary of State

C. G. Sanchey

Authentication: 202808141

Date: 01-29-25