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(((H25000030163 3)))



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To:		
	Division of Corporations	II Z
	Fax Number : (850)617-6383	29
From:		ET. PH
	Account Name : USACORP INC.	-*1
	Account Number : I20130000019	
	Phone : (718)362-4789	E E
	Fax Number : (718)408-2550	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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K. SALY

JAN 30 2025

01/29/2025 10:10 850-617-6381

From:17184082550 To:18506176383 Date Time 01/29/25 10:10AM Pages: 5 P: 1/5 1/28/2025 12:01:15 PM PAGE 1/001 Fax Server



January 28, 2025

FLORIDA DEPARTMENT OF STATE Division of Corporations

USACORP INC.

SUBJECT: MIXOLOGY DIGITAL INC. REF: W25000010593

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H25000030163 Letter Number: 625A00001721

01/29/2025 10:10 From:17184082550 To:18506176383 Date Time 01/29/25 10:10AM Pages: 5 P: 3/5 (((H25000030163 3)))

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.

MIXOLOGY DIGITAL INC.

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

•	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting t	ousiness in Florida)			
New York	3					
(State or counti	33333333.	(FEl number, if appli	cable)			
12/09/2020	5.					
(Date	of incorporation)	(Date of duration, if other than perpetual)				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		· · · · · · · · · · · · · · · · · · ·			
c/o Chopra CPA.	485 Underhill Blvd, Ste 104, Syosset, NY 11791					
	(Principal office	-				
	(Current mailing :	nddress, if different)				
Name and stree	et address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	2025 JAN 29 F			
Name:	Registered Agents Inc	_	HA2			
ffice Address:	7901 4th St N Ste 300		9 Pt			
ffice Address:						
ffice Address:	St. Petersburg	, Florida 33702	PH 5: 10			

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.

/s/ David Roberts

(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.

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(((H25000030163 3))) A. DIRECTORS

□Chairman	Shik Name:	sha Tripathi	_	□Chairman	Name:	
□Vice Chairman	48 Address:	5 Underhill Blvd Ste 104		⊡Vice Chairman	Address:	
Director	Syosset, NY	11791	_	Director		·
President	·			□President		<u>,</u>
□Vice President			_	⊡Vice President		
Secretary		Treasurer		Decretary		□Treasurer
□Other		Other	_	□Other		Other
Director	Address:	Treasurer		 Chairman Vice Chairman Director President Vice President Secretary Other 	Name: Address:	THE F
□ Chairman	Name:		_	□Chairman	Name:	
□Vice Chairman	Address:		-	⊡Vice Chairman	Address:	
Director			_	Director		
DPresident			_	(]]President		
□Vice President			_	□Vice President		
Secretary				Secretary		□Treasurer
Other		00ther	-	DOther		D0ther

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. /s/ Shiksha Tripathi

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 \$.817.155, F.S.

13. Shiksha Tripathi, President

(((H250000301633)))

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: DOS ID Number: Entity Type: Entity Status: Date of Initial Filing with DOS:

Statement Status: Statement Due Date: MIXOLOGY DIGITAL INC. 5894202 DOMESTIC BUSINESS CORPORATION EXISTING 12/09/2020

CURRENT 12/31/2026



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 January 17, 2025 at 10:28 A.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hughas

BRENDAN C. HUGHES Executive Deputy Secretary of State

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