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T. LEMIEUX

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Wake Up Here, Inc.			
	me of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificators above referenced foreign corporation	icate of Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.	
Please return all correspondence con-	cerning this matter t	o the following:	
Patricia Schlegel			
	Name of P	erson	
Wake Up Here, Inc.			
	Firm/Comp	any	
129 West 29th Street, 11th Floor	_		
	Addres	38	
New York, NY 10001			
	City/State an	d Zip code	
legal@usnews.com	·	·	
E-mail ad	dress: (to be used fo	r future annual report notification)	
For further information concerning the	his matter, please ca	III:	
Patricia Schlegel	at (	210-2029	
Name of Person	Area Code	Daytime Telephone 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 Tallahassec, FL 32314	
Ç	A DEPARTMENT	OF STATE \$78.75 Filing Fee &  Certified Copy  Certified Copy  Certified Copy	

## 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.

Wake Up Here.						
	orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	PORATED," "COMPANY," "CORPORATION	,,			
(If name unavaila	able in Florida, enter alternate corp	porate name adopted for the purpose of transacting	business in Florida)			
Delaware 3.		99-4294896 3.	99-4294896			
Octave (State or country under the law of which it is incorporated)		rporated) (FEI number, if app	licable)			
August 5, 2024		5 (Date of duration, if other the				
(Date	of incorporation)	(Date of duration, if other th	nan perpetual)			
	(SEE SECTIONS 607.15	ed business in Florida, if prior to registration) 501 & 607.1502, F.S., to determine penalty liability	y)			
129 West 29th S	Street, 11th Floor, New York, NY					
	(F	Principal office street address)				
	(0)		<u>(i5)</u>			
	(C)	urrent mailing address, if different)	``			
Name and stree	et address of Florida registered	agent: (P.O. Box NOT acceptable)	· :`			
	C T Corporation System	<u> </u>				
Name:	1200 South Pine Island Road					
Office Address:			: Co			
	Plantation	Florida 33324(Zip code)	. 1			
	(City)	(Zip code)	*			
ving been nam signated in this ther agree to c	application, I hereby accept the omply with the provisions of a	accept service of process for the above stated the appointment as registered agent and agred Il statutes relative to the proper and complete as of my position as registered agent.	e to act in this capacity.			
_	Conic Bell	Denise Bell, Assistant Secretary				
	(Register	red agent's signature)				

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

under the law of which it is incorporated.

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

A. DIRECTORS					
□ Chairman	Name:	□ Chairman	Name: Neil Maheshwari		
□Vice Chairman	Address:	□Vice Chairman	Address:	129 West 29th Street, 11th Fl.	
□Director	New York, NY 10001	□Director		New York, NY 10001	
President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		Treasurer	
□Other	Other	Other COO		■Other <u>CFO</u>	
□ Chairman	Peter Dwoskin	□Chairman	Vanie:		
	129 West 29th Street, 11th Fl				
□ Vice Chairman □ Director	New York, NY 10001	□ Director			
□ President		□President			
Secretary	□Treasurer	☐ Secretary	<u>————</u>	□Treasurer	
Other		□Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		Treasurer	
□Other	Other	Other		□Other	
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme Dwoskin	nt of State Annual Re	d for repor eport form.	ting purposes only. Non-indexed	
	Signature of Director o	r Officer			
she is aware that f s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	nat the facts ates a third	s stated herein are true and that he or degree felony as provided for in	
13. Peter Dwos		n cimina antiani			
	(Typed or printed name and capacity of person	nt signing application	')		

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WAKE UP HERE, 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 TWELFTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAKE UP HERE,
INC." WAS INCORPORATED ON THE FIFTH DAY OF AUGUST, A.D. 2024.

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



Authentication: 205121027

Date: 12-12-24