

F250000003072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

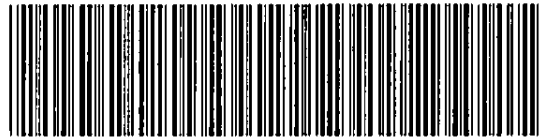
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/19/25--01033--004 **78.75

FILED
SECRETARY OF STATE
MAY 19 19 35

COVER LETTER

TO: Registration Section
Division of Corporations

Yonder Media Mobile Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Iris Mennens

Name of Person

JSI, LLC

Firm/Company

151 Southhall Lane, Suite 450

Address

Maitland, FL 32751

City/State and Zip code

iris.mennens@jsitel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Iris Mennens

321

296-5018

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
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.*

Yonder Media Mobile **INC.**

1. _____
(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. Delaware _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/25/2018 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Not Applicable. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 749 E 135th Street, Suite 220, Bronx, NY 10454 _____
(Principal office address)

(Current mailing address, if different)

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

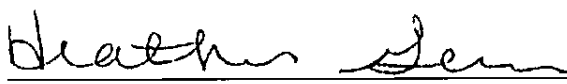
Name: InCorp Services, Inc. _____

Office Address: 3458 Lakeshore Drive _____

Tallahassee _____, Florida 32312
(City) (Zip code)

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.

 _____ Heather Glenn on behalf of InCorp Services, Inc.
(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.

FILED
25 MAY 19 AM 9:35
CLERK OF COURT
STATE OF FLORIDA

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

A. DIRECTORS

Chairman: Adam Kidron
749 E 135th Street, Suite 220
Address: Bronx, NY 10454

Vice Chairman: _____
Address: _____

Director: Adam Kidron
749 E 135th Street, Suite 220
Address: Bronx, NY 10454

Director: Patrick Bradford
575 Fifth Avenue, 14th Floor
Address: New York, NY 10017

B. OFFICERS

President: Adam Kidron
749 E 135th Street, Suite 220
Address: New York, NY 10017

Vice President: Dmitry Grinberg
749 E 135th Street, Suite 220
Address: Bronx, NY 10454

Secretary: Adam Kidron
749 E 135th Street, Suite 220, Bronx, NY 10454
Address:

Treasurer: Tito Antonio Mendoza Castillo
749 E 135th Street, Suite 220, Bronx, NY 10454
Address:

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

12.  _____
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. Adam Kidron, President

(Typed or printed name and capacity of person signing application)

Yonder Media Mobile Inc.

B. OFFICERS, Continued

Vice President:	Alex Davidovski, CTO
Address:	749 East 135 th Street, Suite 220, Bronx, NY 10454

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YONDER MEDIA MOBILE 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-THIRD DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YONDER MEDIA MOBILE INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2018.

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



6989822 8300

SR# 20251745752

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203516049

Date: 04-23-25