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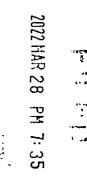
(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	rtified Copies Certificates of Status				
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S. FRANKLIN APR 14 2022

COVER LETTER

TO:	Registration Section Division of Corporation	ons				
SHRI	ECT: Shark Branding	Corp.				
5010		Name of corporation	n - must include suffix			
Dear S	ir or Madam:					
Certif	ficate of Existence," or	Foreign Corporation fo Certificate of Good State oration to transact busing	nding" and check are s	sact Business in Florida." ubmitted to register the		
Please	return all corresponden	ce concerning this matte	er to the following:			
Sarah	Milano					
		Name o	f Person			
Shark	Branding Corp.			3		
		Firm/Co	mpany	N112	. ;	
56 Mo	nica Ct			美		
		Add	ress	28		
Avene	I. NJ 07001			PH		
		City/State	and Zip code	2022 HAR 28 PH 7: 33		
sarah	@thesharkgroup.com			77. 0	'n	
	E-r	nail address: (to be used	for future annual repor	t notification)		
For fu	ther information conce	ming this matter, please	call:			
Larry I	=ox	646 at (552-9369	552-9369		
	Name of Person	Area Co	de Daytime Tel	ephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Division of P.O. Box 6:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please		LORIDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee &	□ \$87.50 Filing Fcc,		
<u> </u>	_	Certificate of Status	Centified Copy	Certificate of Status Certified Copy	æ	

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 Shark Branding Corp. (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) New York 20-3353114 (FEI number, if applicable) (State or country under the law of which it is incorporated) 08 23 2005 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 958 Salt Point Turnpike, Pleasant Valley, NY 12569 (Principal office street address) 228 Park Ave S, PMB: 44171, NY, NY 10003 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Heather John Name: 18555 Collins Ave. Unit 3503 Office Address: Sunny Isles Beach (City)

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	Name:						
□Vice Chairman	Address: N , N 1000 2	□Vice Chairman	Address:						
Director		□ Director	_						
President		□President							
□Vice President		□Vice President							
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer					
□Other	Other	□Other		□Other					
□Chairman	Name:	□Chairman	Name						
	Address:	□Vice Chairman	Address:						
Director		☐Director		···-					
□President		□President							
□Vice President		□Vice President							
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer					
□Other		Other		□Other					
				E 2022 H					
□Chairman	Name:	□Chairman	Name:	7 THE TO THE TOTAL PROPERTY OF THE TOTAL PRO					
□Vice Chairman	Address:	□Vice Chairman	Address:						
□Director		□ Director		<u> </u>					
□President		□President		700 1					
□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.									
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.									
Daymond John, President									

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:

SHARK BRANDING CORP.

DOS ID Number:

3246979

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

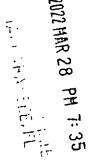
08/23/2005

Statement Status:

CURRENT

Statement Due Date:

08/31/2023



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 March 10, 2022 at 12:15 P.M.

Brandon C Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100001199916 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov