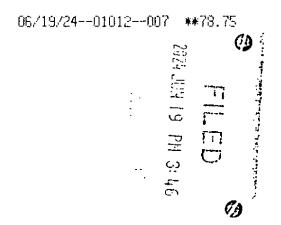
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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T. LEMIEUX

JUL 0 2 2024

COVER LETTER

TO: Registration Section Division of Corpo					
•					
SUBJECT: IC STUDIO					
	Name of corporati	on - must includ	e suffix		
Dear Sir or Madam:					
"Certificate of Existence,"	n by Foreign Corporation for "Certificate of Good St corporation to transact busi	anding" and che	to Transac ck are subi	et Business in Florida," mitted to register the	
Please return all correspon	ndence concerning this mat	ter to the followi	ng:		
DAVID DELANEY	Ţ		L		
	Name o	of Person			
	Firm/Co	ompany			
11570 STONEHAVEN WA	Y				
	Ad	iress			
PALM BEACH GARDENS	, FL 33412				
	City/State	and Zip code		· · · · · · · · · · · · · · · · · · ·	
d.delaneytl@gmail.com					
	E-mail address: (to be used	I for future annu	al report no	otification)	
For further information co	neerning this matter, please	e call:			
David Delaney	361 at (847-6234	Daytime Telephone Number		
Name of Person	Area Co	ode Dayti	me Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	of following amount: Distribution: FLORIDA DEPARTMEN ■ \$78.75 Filing Fee & Certificate of Status	T OF STATE ☐ \$78.75 Filing Certified Co		☐ \$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.

L IC STUDIOS. I	NC.			
(Enter name of c	orporation; must include "INCORPORATED," orp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
		lopted for the purpose of transacting business in Florida)		
2. NEVADA		99-3497190		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 06/12/2024	5	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability) \$\frac{\cappa_1}{2} \cdot \tau_1\$		
7754 Okeechobee	e Blvd, PMB 476, West Palm Beach, FL 33411			
·	(Principal office	e street address)		
	(Current mailing	address, if different)		
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	David Delaney			
Office Address:	7754 Okeechobee Blvd, PMB 476			
	West Palm Beach	, Florida		
	(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.

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	Harry McMillan Name:	□Chairman	Name:		
□Vice Chai⊓nan	Address:	□Vice Chairman	Address:		
Il Director	Ste. 120-366	□Director			
■ President	Southlake, TX 76092	□President			
□ Vice President		□Vice President			
□Secretary	□Treasurer	☐Secretary		□Treasurer	
□Other	□Other	□Other		□Other	
□Chairman □Vice Chairman □Director □President	Name: David Delaney 11570 Stonehaven Way Address: Palm Beach Gardens, FL 33412	□Chairman □Vice Chairman □Director □President	Address:		
		□Vice President		· · · · · · · · · · · · · · · · · · ·	
☐Secretary	∃ Treasurer	☐Secretary		□Treasurer	
□Other	Other	Other		Other	
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director			
□President					
□Vice President		□ President □ Vice President			
Secretary	□Treasurer	□Secretary		□Treasurer	
Other		□Other		Other	
The officer or direct	Jse an attachment to report more than six (6). The attack added to the index when filing your Florida Department Signature of Director or stor signing this document (and who is listed in number less information submitted in a document to the Department.	of State Annual Re Officer II above) affirms th	port form.	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.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, IC Studios, Inc., as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/11/2024, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.



Certificate Number: B202406134727380

You may verify this certificate

online at https://www.nysilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/13/2024.

VHqulan

FRANCISCO V. AGUILAR Secretary of State