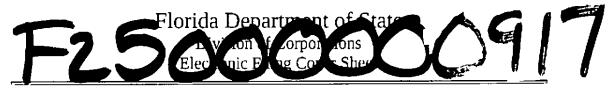
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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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FOREIGN PROFIT/NONPROFIT CORPORATION 10 Sixteen Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

APPROVED AND FILED

Electronic Filing Menu

Corporate Filing Menu

Help FEB 15 2025 Feb 14, 2025 12:17 To: -18506176383 Page: 2/4 Fax: 18134365206

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.

1.	10 Sixteen Inc				
-	(Enter name of c	corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	iN,"	
	10 Sixteen Grou	ip Inc			
	(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacti	ng business in Florida)	
2.	Minnesota	3			
٠.	(State or countr	ry under the law of which it is incorporated)	(FEI number, if a	pplicable)	
4.	10/17/2018	5.			
7.		of incorporation)	(Date of duration, if other	than perpetual)	
б.					
Ο.		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		lity)	
7	7901 4th St N ST	E 300 St. Petersburg FL 33702			
, .		(Principal office	street address)		
	7901 4th St N ST	E 300 St. Petersburg FL 33702			
		(Current mailing a	ddress, if different)		
8.	Name and street	et address of Florida registered agent: (P.O. F Registered Agents Inc	Box NOT acceptable)	PILED 2025 FEB 14 AM 11:	<u> </u>
Ο.	ffice Address:	7901 4th St N STE 300	_		1408
		St. Petersburg	, Florida <u>33702</u>	그를 그	ز .
		(City)	(Zip code)		
H de fu	aving been namesignated in this enther agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment comply with the provisions of all statutes relains with and accept the obligations of my positions.	it as registered agent and agi tive to the proper and comple	ree to act in this capacity.	I
	_	(Registered agent's signs	nture)		

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.

Feb 14, 2025 12:17 To: +18506176383 Page: 3/4 Fax: 18134365206

A. DIRECTORS						
□Chairman	Rosalinda Basir Name:	□ Chairman	Richard Bikowski Name:			
□Vice Chairman	7901 4th St N STE 300 Address:	□Vice Chairman	Address:			
X Director	St. Petersburg FL 33702	□Director	St. Petersburg FL 33702			
™ President		□President				
□ Vice President		□Vice President				
Secretary	□Treasurer	□ Secretary	XdTreasurer			
□Other	Other	Other	□ Other			
Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director				
□President		□ President				
□Vice President		□Vice President				
☐ Secretary	□ l'reasurer	□Secretary	□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			
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. Cosalinda Basix Signature of Director or Officer.						

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 5.817.155, F.S.

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Fax: 18134365206

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: 10 Sixteen Inc

Date Filed: 10/17/2018

File Number: 1038458300021

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 02/06/2025



Steve Simon

Secretary of State
State of Minnesota

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