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COVER LETTER

	Registration Sec Division of Corp				
SUBJE	CT:	Marchand Re	till C	WixiaD. Inc.	
., 0 15015		Name of corpora	tion - musi	include suffix	
Dear Sir	or Madam:				
"Certific	ate of Existence	ion by Foreign Corporation e," or "Certificate of Good n corporation to transact bu	Standing"	and check are sub	
Please re	turn all corresp	ondence concerning this ma	atter to the	following:	
		Red March	and a		
		Name	of Person		
	ĺ	Marchand Reta	1 Gue	D W.	
		Firm/0	Company		
PD Box 156, 801 Lincoln Ave Address Havvey, NO SB341 City/State and Zip code					
		A	ddress		_
		Harvey, NO	SBB	11	
	\C.	City/Sta	te and Zip	code	
	٧٧	E-mail address: (to be us	e hyst n	vail. COM	
		iz-maii address. (to be us	sed for futt	ne annuai report r	iouncation)
For furth	ner information	concerning this matter, plea	ise call:		
Rod Marchard all 701)			324.4282		
	Name of Persor	i Area	Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed	d is a check for	the following amount:			
\$ \$70.0	00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied 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. (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. ND 3. 45-0385851 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Date of incorporation)

(Date of duration, if other than perpetual)

6. Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Lincoln Ale, Haveey ND SB341
(Principal office address) D Byx 156, Harvey, ND SB341
(Current mailing address if different) ★ 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Legalinc Corporate Services Inc. 5237 Summerlin Commons, ste 400
Fort Myers , Florida 33907
(Zip code) Office Address: ¥ 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Address: Vice Chairman: _____ Address: Director: __ Address: Director: _ Address: **B. OFFICERS** t. Marchand President: Address: 56341 Marchand Vice President: _ Address: ____ Secretary: _ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Fod Marchand -

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

State of North Dakota SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

MARCHAND RETAIL GROUP, INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that MARCHAND RETAIL GROUP, INC., a North Dakota BUSINESS CORPORATION, was incorporated in this office on September 10, 1984 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

MARCHAND RETAIL GROUP, INC.

Issued: November 16, 2017

Alvin A. Jaeger Secretary of State

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