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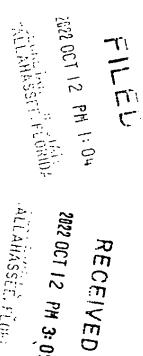
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COVER LETTER

Divis	stration Section tion of Corporations						
SHRIFCT.	Peak Prosperity Group Inc						
Name of corporation - must include suffix							
Dear Sir or M	fadam:						
"Certificate of	"Application by Foreign Cor of Existence," or "Certificate of need foreign corporation to tra	of Good Stand	authorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.				
Please return	all correspondence concerning	g this matter	to the following:				
Janna Mateo							
		Name of P	erson				
Ainsworth &	Clancy, PLLC						
		Firm/Comp	pany				
801 Brickell	Avenue, 8th Floor						
		Addre	SS				
Miami, FL 33	1131						
		City/State an	d Zip code				
info@busines							
	E-mail address:	(to be used for	or future annual report notification)				
For further is	nformation concerning this ma	atter, please c	all:				
Janna Matco		at (305 Area Code	600-3816				
Nar	ne of Person	Area Code	Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a Please make o	a check for the following amo check payable to: FLORIDA DE iling Fee	epartment g Fee & □	OF STATE J \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

"Inc.," "Co.," "Co	orporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp."))," "	COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate nam	e ado	opted for the purpose of transacting business in Florida)	
Delaware	,		3-4128297	
(State or country	y under the law of which it is incorporated)	· <u> </u>	(FEI number, if applicable)	
09/04/2019		5.		
	of incorporation)	· _	(Date of duration, if other than perpetual)	
	·		_	_
6	(Date first transacted business	s in F	lorida, if prior to registration)	1
		.1502	F.S., to determine penalty liability)	1-2
7 2709 Meadowood	Dr., Weston, Florida 33332			
	(Principal o	ffice	street address)	FILE
				=
	<u> </u>			~ ·
	(Current ma	iling	address, if different)	, ,
	· ·	J	address, if different)	THE C
8. Name and stree	(Current maintenance) (Current maintenance) (Current maintenance) (Current maintenance) (Current maintenance)	J	Box NOT acceptable)	PRIT
	· ·	J	Box NOT acceptable)	型には
8. Name and street Name:	et address of Florida registered agent: (I	J		PH T: OF
	et address of Florida registered agent: (I	J		PH TO P
Name:	et address of Florida registered agent: (I	J	Box NOT acceptable) Florida 33131	PH TO PH

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name [*]	
□Vice Chairman	Address: 2709 Meadowood Dr.	□Vice Chairman	Address:	
□Director	Weston, Florida 33332	□Director		
President		President		<u> </u>
□Vice President		□Vice President		
Secretary	Treasurer	□ Secretary		Treasurer
ClOther	Other	Other		☐Other
□Chairman □Vice Chairman	Name:	□Chairman	Name:	
Director	Weston, Florida 33332	Director		
□ President		☐ President		환, 유
□ Secretary	☐ Treasurer	Secretary		☐Treasurer
Other		Other		□Other
	Name:	□ Chairman □ Vice Chairman □ Director		
Director		□President		
□ President		□Vice President		
□Vice President □Secretary	Treasurer	Secretary		□Treasurer
□Other	Other	□Other		□ Other
Important Notice: individuals may b	Use an attachment to report more than six (6). The attache added to the index when filing your Florida Department	ent of State Annual F	deport form.	
14.	The Airsonton Signature of Director of	or Officer	-	
The officer or dire she is aware that s.817.155, F.S.	ector signing this document (and who is listed in number false information submitted in a document to the Depar	er II above) affirms	that the facts state	ed herein are true and that he or

13. John Ainsworth, Esq. - Legal representative

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PEAK PROSPERITY GROUP 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 ELEVENTH DAY OF OCTOBER, A.D. 2022.



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