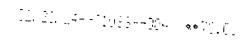
F24000001407

| (Requestor's Name) | | | | |
|---|---------------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zi | o/Phone #) | | | |
| PICK-UP W | AIT MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Cer | tificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



100424523581





COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|----------|--|--------------------|--|--|
| SUBJ | ECT: Tufterrain, Inc. | | | |
| | | of corporation - | must include suffix | |
| Dear S | ir or Madam: | | | |
| "Certif | closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to t | of Good Stand | ing" and check are sub | |
| Please | return all correspondence concern | ing this matter t | o the following: | |
| Carey E | Blaxberg | | | |
| · | | Name of Po | erson | |
| Blaxber | rg & Associates, P.A. | | | |
| | | Firm/Comp | any | |
| 2047 5t | h Ave N | | | |
| | | Addres | s | |
| St Peter | rsburg, FL 33713 | | | |
| | | City/State and | d Zip code | |
| carey@ | blaxberglaw.com | | | |
| | E-mail address | s: (to be used for | r future annual report n | otification) |
| For fur | ther information concerning this n | natter, please cal | II: | |
| Carey E | Name of Person at (727 Area Code Daytime Telephone Number | | | |
| _ | Name of Person | Area Code | Daytime Teleph | none Number |
| | STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303 | - | MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F | ection orporations 7 |
| Please n | ed is a check for the following amount of the check payable to: FLORIDA D .00 Filing Fee | EPARTMENT (| OF STATE \$78.75 Filing Fee & Certified 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.

| (If name unavail | able in Florida, enter alternate composite name a | dopted for the purpose of transacting business in Florida) |
|---|--|---|
| Delaware | | |
| · (State or county | y under the law of which it is incorporated) | 99-641199 |
| 12/2023 | y under the law of which it is incorporated) | , , , , , |
| | of incorporation) 5. | (Date of duration, if other than perpetual) |
| (Date | of incorporation) | (Date of duration, if other than perpetual) |
| | (Data Garage et al.) | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | Florida, if prior to registration) 2, F.S., to determine penalty liability) |
| 2047 5th Ave N. | St Petersburg, FL 33713 | • |
| | (Principal office | e street address) |
| | · • | <u> </u> |
| | | |
| Name and street | | address, if different) |
| Name: | et address of Florida registered agent: (P.O. Blaxberg & Associates, P.A. 2047 5th Ave N | Box NOT acceptable) |
| Name: | et address of Florida registered agent: (P.O. Blaxberg & Associates, P.A. 2047 5th Ave N St Petersburg | Box NOT acceptable) |
| | et address of Florida registered agent: (P.O. Blaxberg & Associates, P.A. 2047 5th Ave N | Box NOT acceptable) |
| Name: ffice Address: Registered age | Et address of Florida registered agent: (P.O. Blaxberg & Associates, P.A. 2047 5th Ave N St Petersburg (City) | Box NOT acceptable) 702 FEB 23 713 (Zip code) 758 |
| Name: ffice Address: Registered age aving been nam | et address of Florida registered agent: (P.O. Blaxberg & Associates, P.A. 2047 5th Ave N St Petersburg (City) ent's acceptance: ed as registered agent and to accept service | Box NOT acceptable) 707 FEB 23 713 FEB 23 75 FEB 25 76 FEB 25 77 FEB 25 78 FEB 25 |
| Name: Tice Address: Registered age aving been nam signated in this rther agree to co | et address of Florida registered agent: (P.O. Blaxberg & Associates, P.A. 2047 5th Ave N St Petersburg (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes religious accept with the provisions of all statutes religions. | Box NOT acceptable) 702 703 704 705 706 707 707 708 708 709 709 709 709 |
| Name: ffice Address: Registered age aving been namesignated in this rther agree to co | et address of Florida registered agent: (P.O. Blaxberg & Associates, P.A. 2047 5th Ave N St Petersburg (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme | Box NOT acceptable) 702 703 704 705 706 707 707 708 708 709 709 709 709 |
| Name: ffice Address: Registered age aving been nam signated in this rther agree to co | et address of Florida registered agent: (P.O. Blaxberg & Associates, P.A. 2047 5th Ave N St Petersburg (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes religious accept with the provisions of all statutes religions. | Box NOT acceptable) 702 703 704 705 706 707 707 708 708 709 709 709 709 |

under the law of which it is incorporated.

| A. DIRECTORS | | | | | | |
|--|-------------------------|-----------------|-------------------------|--|--|--|
| □Chairman | Name: | □ Chairman | Name: | | | |
| □Vice Chairman | Address: 2047 5th Ave N | □ Vice Chairman | Address: 2047 5th Ave N | | | |
| □Director | St Petersburg, fL 33713 | Director | St Petersburg, FL 33713 | | | |
| ■ President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | |
| □Other | Other | □Other | Other | | | |
| □ Chairman | Name: | □ Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chainnan | Address: | | | |
| □Director | | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| □Secretary | □Treasurer | □Secretary | □Treasurer | | | |
| □Other | 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. | | | | | | |
| 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.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TUFTERRAIN, 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUFTERRAIN, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2023.

Authentication: 202833300

Date: 02-18-24