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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ascent Populi, Inc.		
Name of	corporation	- must include suffix
Dear Sir or Madam:		
	f Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.
Please return all correspondence concerning	g this matter	to the following:
Benjamin Giddins		
	Name of F	erson
	Firm/Comp	
1222 SE 47th St. Ste 206	rimicom	RHY
***	Addre:	SS
Cape Coral FL 33904		
	City/State an	d Zip code
ben@ascentpopuli.com		
E-mail address:	(to be used fo	or future annual report notification)
For further information concerning this man	tter, please ca	ill:
Benjamin Giddins	t (<u>239</u>	288-9403
Name of Person	Area Code	
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 check for the following amout Please make check payable to: FLORIDA DEF \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT Fee &	OF STATE \$78.75 Filing Fee &

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.

	forporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION,	•
inc., co., c	orp, me, co, or corp. ;		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)
Delaware	3	87-1810185	
(State or countr	ry under the law of which it is incorporated)	(FEI number, if app	licable)
July 19, 2021	5		
(Date	of incorporation)	(Date of duration, if other th	nan perpetual)
N/A			
-	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
1222 SE 47th St	Ste 206, Cape Coral FL 33904	2. 1 .s., to determine penany habitity	y)
		e <u>street</u> address)	
1222 SE 47th St.	Ste 206. Cape Coral FL 33904	e <u>street</u> address)	
		address, if different)	
	(Carten manng	, address, it differency	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	20 Si Tal
	Benjamin Giddins		2022 FEB 24 SECRETNRY ALLAHASSEI
Name:	1222 022 1731 0 0 200		EB HAS
ffice Address:	1222 SE 47th St, Ste 206		SE Z
	Cape Coral	, Florida	111,
	(City)	(Zip code)	PH 8:
Registered ag	ent's acceptance:		34 10A
	ned as registered agent and to accept service	e of process for the above stated	
6	application, I hereby accept the appointme		
rsignated in this		lative to the proper and complete	e performance of my d
rsignated in this orther agree to c		itian as revistered agent	
esignated in this orther agree to c	with and accept the obligations of my posi	ition as registered agent.	
esignated in this orther agree to c		ition as registered agent.	
esignated in this irther agree to c		ition as registered agent.	

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

under the law of which it is incorporated.

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

A. DIRECTORS						
□Chairman	Name:	□ Chairman	Name: Benjamin Giddins			
□Vice Chairman	Address: 24 Saroni Court	□Vice Chairman	Address: 2549 SW 37th St			
Director	Oakland CA 94611	■Director	Cape Coral FL 33914			
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary	■ Treasurer			
Other CEO	Other	Other CFO	□Other			
□Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman	Address:			
□ Director		Director	Addicss.			
□President						
		□President				
		□Vice President				
☐ Secretary —	□Treasurer	□Secretary _	□Treasurer			
□Other	Other	□Other	Other			
□ Chairman	Name:	□Chairman	Name:			
	Address:		Address:			
Director		□ Director	Tradition .			
□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. Signature of Director or Officer						
12.	Signature of Director of	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.						
Benjamin Giddins, Secretary						

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASCENT POPULI, 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 SIXTEENTH DAY OF FEBRUARY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASCENT POPULI, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JULY, A.D. 2021.

Authentication: 202677276

Date: 02-16-22