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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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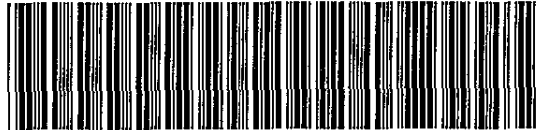
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triad Events + Promotions, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jack B. Scharr
(Name of Person)

Triad Events + Promotions, Inc.
(Firm/Company)

18350 Chesterfield Airport Rd.
(Address)

Chesterfield, Missouri 63005
(City/State and Zip code)

For further information concerning this matter, please call:

Norman Ditz at (314) 434-7739
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS

**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. Triad Events & Promotions, Inc.
(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. Missouri 3. 20-1421185
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/27/04 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon date of Registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability)

7. 18350 Chesterfield Airport Rd, Chesterfield, MO 63005
(Principal office address)

"Same"
(Current mailing address)

8. Design and sell pins
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David Hyman

Office Address: 2900 University Drive, #78
Oral Springs, Florida 33065
(City) (Zip code)

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DIVISION OF CORPORATE AFFAIRS

10. 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)

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John F. Keimsky

Address: 280 Park Ave, 5th Floor East
New York, New York 10017

Vice Chairman: _____

Address: _____

Director: Jack B. Scharr

Address: 18350 Chesterfield Airport Rd.
Chesterfield, MO 63005

Director: David Hyman

Address: 2900 University Drive, #78
Coral Springs, FL 33065

B. OFFICERS

President: David Hyman

Address: 2900 University Drive, #78
Coral Springs, FL 33065

Vice President: None

Address: _____

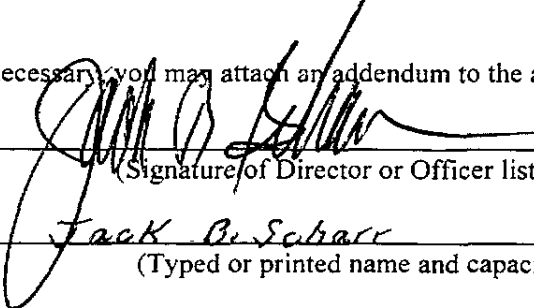
Secretary: Jack B. Scharr

Address: 18350 Chesterfield Airport Rd; Chesterfield, MO 63005

Treasurer: None

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Jack B. Scharr
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATE AFFAIRS

STATE OF MISSOURI



Matt Blunt
Secretary of State


CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

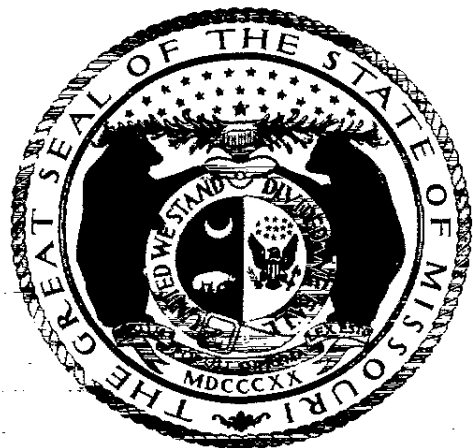
I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

TRIAD EVENTS & PROMOTIONS, INC.
00601062

was created under the laws of this State on the 27th day of July, 2004, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 22nd day of October, 2004


Secretary of State



Certification Number: 7116548-1 Reference:
Verify this certificate online at <http://www.sos.mo.gov/businessentity/verification>