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### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Mush, Incorporated  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," or "Certificate of Good Standing" 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:
Gary D. Martin
Mush, Incorporated
1805 Lacy Drive
Ft. Worth, TX 76177
City/State and Zip code  9 ary m @ 1005. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Martin at (817) 306-1400  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing 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 & □ \$78.75 Filing Fee & Certificate of Status Certified Copy  □ \$78.75 Filing Fee & Certified Copy  □ \$87.50 Filing Fee & Certificate of Status & Certified Copy
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#### · 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.

	corporation; must include "INCORPORATEL Corp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"	
,			
(If name unavai	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busin	ness in Florida)
<sub>2.</sub> Texas		74-2288199	
	under the law of which it is incorporated)	(FEI number, if applicable)	1
<sub>4.</sub> <u>10/27/19</u>	83	Perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
6			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
<sub>7.</sub> _188 Triple	Diamond Blvd. Unit A5	• • •	
· •————	Principal office ad	N. Venice, FL 34275	
· •————	Principal office ad 625 Nokomis, FL 34274-0	N. Venice, FL 34275  dress) 625	
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P.O. Box  Beverage (Purpose)  Name and streen	Principal office ad  (Principal office ad  (Principal office ad  (Current mailing ad  E Equipment, Beverage flags) of corporation authorized in home state or corporation.	N. Venice, FL 34275  dress) 625 dress) avors and Beverage concerning to be carried out in state of Florida)	13 AFR 22 SECHLIWIY ALLAPASSE
P.O. Box  Beverage (Purpose)  Name and stree  Name:	(Principal office ad (Current mailing ad Equipment, Beverage flats) of corporation authorized in home state or cet address of Florida registered agent: (P	N. Venice, FL 34275  dress) 625 dress) avors and Beverage concervation to be carried out in state of Florida) a.O. Box NOT acceptable)	13 AFR 22 SECHLIWIY ALLAPASSE
P.O. Box  Beverage (Purpose)  Name and streen	Principal office ad (Principal office ad (Principal office ad 625 Nokomis, FL 34274-06 (Current mailing ad Equipment, Beverage flats) of corporation authorized in home state or cet address of Florida registered agent: (PRONAIDE. COOK	N. Venice, FL 34275  dress) 625 dress) avors and Beverage concervation to be carried out in state of Florida) a.O. Box NOT acceptable)	13 APR 22 SECHLIVITY

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: Gary D. Martin Address: 1805 Lacy Drive Fort Worth, TX 76177 Vice Chairman: Address: \_\_\_\_\_ Director: \_\_\_\_ Address: \_\_\_\_\_ Director: \_ Address: **B. OFFICERS** President: Gary D. Martin Address: 1805 Lacy Drive Fort Worth, TX 76177 Vice President: Address: \_\_\_\_\_ Secretary: \_\_\_\_ Address: Address: NOTE: If nocessary, you may attack an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of director signing this document (and who is listed in number 12 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. 14. Gary D. Martin President

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for MUSH, INC. (file number 67727800), a Domestic For-Profit Corporation, was filed in this office on October 27, 1983.

It is further certified that the entity status in Texas is in existence.

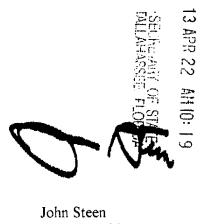
It is further certified that our records indicate GARY D MARTIN as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1805 LACY DRIVE

FORT WORTH, TX - 76177 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 08, 2013.





Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10268

Dial: 7-1-1 for Relay Services Document: 474776740003