

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ľ

Office Use Only



100253548371

11/14/13--01014--002 **78:75

13 NOV 14 PH 4: 1

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Cheddar Back 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," 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:					
Joseph McDonald					
Joseph McDonald Name of Person					
Cheddar Back Inc Firm/Company					
Firm/Company					
512 Beverly Ave					
1100100					
Altamonte Springs, FL 32701 City/State and Zip code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person Area Code & Daytime Telephone Number					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section					
Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301					
Enclosed is a check for the following amount:					
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$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.

1. Cheddar Back Inc (Enter name of corporation; must include "INCORPORATI	FD." "COMPANY." "CORPORATION."
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	bb, committ, combination,
(If name unavailable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
2. (State or country under the law of which it is incorporated)	_ 3 (FEI number, if applicable)
4. December 26, 2012	5. Per pertual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)	(Duration: Year corp. will cease to exist or perpetual)
6	ess in Florida, if prior to registration)
	07.1502, F.S., to determine penalty liability)
7. 512 Beverly Ave, Altam (Principal office)	onte Springs, FL 32701
(Principal office	address)
Previously: 758 Woodlawn Au	ie, Jackson, MI 49203
(Current mailing	address)
8. Expand smartphone tra	do tion La civiace AFE &
(Purpose(s) of corporation authorized in home state o	or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent:	(P.O. Box NOT acceptable)
I	mi-
Name: Joseph McDonald	EFC SIV
Office Address: 512 Beverly Ave	
Altamonte Springs	Florida 32701
(City)	(Zip code)

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:			
Address:	·		····
			-
Vice Chairman:		<u></u>	<u> </u>
Address:			
	·		-
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: Joseph McDonald	SEC	ਲ 	
Address: 512 Beverly Ave	RETA AHA	I AD	Pre-Margin
President: Joseph McDonald Address: 512 Beverly Ave Altamonte Springs, FL 32701	RY OF	-D-	f T
Vice President:	£. 5.1	‡:	Age Main ha
Address:	LORIDA	5	7
7.00.0337			an appear
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	ınd/or dire	ectors	-
			•
13. Joseph McDonald Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 12 above) affirms that are true and that he or she is aware that false information submitted in a document to the Department.			
a third degree felony as provided for in s.817.155, F.S.			
14. Joseph McDonald - President (Typed or printed name and capacity of person signing application)			 _

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Cheddar Back Inc

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **December 26, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000635074**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of November, 2013 at 1:24 PM. This certificate is assigned 014647422.



May Massiele Secretary of State

TALLAHASSEE FLORINA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

STATE OF WYOMING * SECRETARY OF STATE MAX MAXFIELD BUSINESS DIVISION

200 West 24th Street, Cheyenne, WY 82002-0200
Phone 307-777-7311 · Fax 307-777-5339
Website: http://soswy.state.wy.us · Email: business@wyo.gov

Certificate of Good Standing Validation

November 12, 2013

Certificate number 014647422 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office.

13 NOV 14 PH 4: 15
SECRETARY OF STATE
TALLAHASSEF FINISH