

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FOREIGN PROFIT/NONPROFIT CORPORATION C & D 5050 Inc.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated.Charge | \$78.75 |

H14000294375

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. C & D 5050 INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" "lnc.," "Co.," "Corp." "Inc.," "Co." or "Corp.") | | | | |
|--|--|---|--|--|
| (If name unavailable in Florida, enter alternate corporate nam | ne adopted for the purpose of transacting business in | n Florida) | | |
| 2. Delaware | • | | | |
| (State or country under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| 4. 10/16/2014 | 5. Perpetual | | | |
| (Date of incorporation) | (Duration: Year corp. will cease to exi | st or "perpetual") | | |
| 6. Upon Filing | | | | |
| (SEE SECTIONS 607.1501 & | siness in Florida if prior to registration.) 607.1502, E.S., to determine penalty liability) | | | |
| 7. 7922 11th Avenue S., St. Petersburg, FL 33 | cipal office address) | | | |
| , | | | | |
| | ent mailing address) | 10 A | | |
| g. Consultant | | | | |
| 9. Name and street address of Florida registered agent: | ome state or country to be carried out in state of Flo : (P.O. Box <u>NOT</u> acceptable) | Silver Sp | | |
| Name: Corinne Berry | | | | |
| Office Address: 7922 11th Avenue S. | | | | |
| St. Petersburg | , Florida, 33707 | · | | |
| (City) | (Zip code) | | | |
| 10. Registered agent's acceptance: | | | | |
| Having been named as registered agent and to accept servi- this application, I hereby accept the appointment as registe- with the provisions of all statutes relative to the proper and the obligations of my position as registered agent. | ered agent and agree to act in this capacity. I furth | er ugree to comply | | |
| 10 | = | | | |
| Coun | | | | |
| (Registered ager | nt's signature) Corinne Berry | | | |

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 addresses of officers and/or directors:

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| • | RS (Street address only - P.O. Box NOT acceptable) | | | |
|----------------|---|--------------------------|---|--------------|
| Chairman: | Corinne Berry | | | |
| Address: | 7922 11th Avenue S., St. Petersburg, FL 33707 | · | | _ |
| Vice Chairma | n: | | | _ |
| Address: | | | | |
| | | | | |
| | | | | |
| | | | | _ |
| Director: | | | | _ |
| | | | | |
| B. OFFICEI | RS | | | |
| President: | Corinne Berry | | | |
| Address: | 7922 11th Avenue S., St. Petersburg, FL 33707 | | g | ' |
| - | | 132 /10 | 9- | - - . |
| Vice President | · | . | <u> </u> | _ |
| Address: | | (3) (3) (3) (4) | जि | |
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| | | | | - |
| Address: | | | • | _ |
| reasurer: | | | | |
| Address: | | | n | - |
| NOTE: If nece | essary, you may attach an addendum to the application listing additional officers and/or directors. | | | |
| 3 | (Signature of Director or Officer listed in number 12 of the application) | | | |
| 4. | Corinne Berry, President | | | |
| ¬ | (Typed or printed name and conscitu of person signing application) | | | |

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C & D 5050 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 DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C & D 5050 INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this certificate online at corp. delaware.gov/authwer.shtml

AUTHENTY CATION: 1961027

DATE: 12-16-14