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COVER LETTER

	gistration Sec						
			Tag	Con	m Arro		
SUBJECT	r:	Name	e of corpora	tion - mus	m Corp.		•
D6:		1	•				
Dear Sir or	Madam;						
"Certificate	e of Existence		ite of Good	Standing"	and check are sub	ct Business in Flor mitted to register t	
Please retur	rn all correspo	ondence concer 7909	ming this ma	atter to the	following:		
		1 ~	Name	of Person	I		
Jo	114 KO1	s tec	Han	Corp.			
82	-06 A	rana s IceC vanti l aw NC	Firm/C	Company			
	Waxh	aw No	281	ddress 73			
	. 1	. \ ,	City/Sta	te and Zip	code		
	Jollyro	llscecre	amog	mail	re annual report n	Ed S	3
	0 1	E-mail addre	ess: (to be us	led for full	ire annual report n	otification)	
For further	information of	concerning this	matter, plea	se call:		(a) -	- 1
Mara	arita f). 100	at (_78	<u>6</u>	87709	191	
N)	ime of Person	ı	Area (Code	Daytime Telepl	none Number ,	л л
Re _l Div Cli 266	REET/COU gistration Sec vision of Corr ifton Building 61 Executive llahassee, FL	oorations Center Circle	SS:		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclosed is	a check for t	he following ar	nount:				
570.00 1	Filing Fee	S78.75 Fili Certificate	_		75 Filing Fee & Ified Copy	\$87.50 Filing Certificate o Certified Co	f Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FORE	EIGN CORPORATION T	TO TRANSACT E	TATUTES, THE FOLLOWING A BUSINESS IN THE STATE OF A C		
1. Jolly K	Polls Ice C	Mam C	OP.		-
(Enter name of cor	poration; must include "IN p," "Inc," "Co," or "Corp."	CORPORATED," ')	"COMPANY," "CORPORATIO)N,"	
, , , , ,	,				
					-
		•	adopted for the purpose of transact	-	
2. North	Carolina	3.	47 509 05 15 (FEI number, if a		
` '	1	•	·		
4. 9/18	[] 5 Streamoration)	5.	(Date of duration, if other	or than nametual)	
	i incorporation)		(Date of duration, if out	a dian perpeduar)	
6	(Date first tran	nsacted business in	Florida, if prior to registration)		
	(SEE SECTIONS 6	07.1501 & 607.15	502, F.S., to determine penalty liab	ility)	
7. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Avanti Dr, 1 Same as ab	Naxhaw	NC 28173		-
		(Princip	oal office address)		
	Same as alo	OVC.	ig address, if different)		
		(Curem mann	g address, if different)		e net i 245
8. Name and street	address of Florida regist	tered agent: (P.C). Box NOT acceptable)		1
Name:	COTO CARCO	Pue Pue	·	(S) 0	lines. s.mff
				শ্ৰীপ্ৰ ত	
Office Address:	5915 SMISE	I DK, SIE	E 604 , Florida 33/43 (Zip code)	55 5	
	SOUTH NLT.	ANI	, Florida <u>33/43</u>	tin S	
	(City))	(Zip code)		
9. Registered agen	•		. تعادم م	مدر ما و	
			ice of process for th e ab ove stai nent as registered agent and ag		
further agree to cor	nply with the provisions	s of all statutes r	elative to the proper and comp	lete performance of m	-
aunes, ana 1 am ja	nutar wun ana accept ti	ne obugations oʻ —	f my position as registered age	nt.	
	<i>'</i>	(Registered 2	ngent's signature)		

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 under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	······································
Address:	
B. OFFICERS	
President: Andres E Trzana	
Address: 8206 Avantibr	F
Waxhaw NC 28173	CO - The second
	m so m
Vice President: Margarita 400	
Address: 8206 Avanti Dr.	(C) -
Waxhaw NC 29173	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an adderdayn to the application listing ad	ditional officers and/or directors.
NOTE: If necessary, you may attach an adderdain to the application listing action. 12. Signature of Director or Officer	
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 a are true and that he or she is aware that false information submitted in a docum	bove) affirms that the facts stated herein
a third degree felony as provided for in s.817.155, F.S.	on to the population of Suite constitutes
13. Andres E. Triava	
(Typed or printed name and capacity of person signing	application)



Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

JOLLY ROLLS ICE CREAM, CORP

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of September, 2015, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of April, 2016.

Elaine J. Marshall

Secretary of State

Certification# 98457604-1 Reference# 13081262-ACH Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification