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TO:	Registration Section								
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CLIDI	Smokin' Puss	s, Inc.							
SUDJ	ECT:	Name of	cornoration	- must inclu	ıde suffix				-
		runio ()	corporation	- must more	ide sullix				
Dear S	Sir or Madam:								
"Certi	nclosed "Application ficate of Existence," referenced foreign c	or "Certificate of	Good Stan	ding" and cl	heck are sub	ct Business omitted to re	in Flor egister t	ida," the	
	return all correspon ummer	dence concerning	this matter	to the follo	wing:				
			Name of I	Person					-
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			Firm/Com	oanv		-			-
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For fu	rther information cor	ncerning this matt	er, please c	all:					
Jeff Pl	ummer		800	414-6510	ı				
	Name of Person	at	\			NT I			
	Name of Person		Area Code	: Day	ytime Telep	none Numb	er		
	STREET/COURI	ER ADDRESS:		М	AILING A	DDRESS:			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			MAILING ADDRESS: Registration Section						
			Division of Corporations						
				P.O. Box 6327 Tallahassee, FL 32314					
	2661 Executive Ce Tallahassee, FL 33			Ta	Illahassee, F	L 32314			
Enclos	sed is a check for the	following amour	ıt:						
□ \$70	0.00 Filing Fee	\$78.75 Filing F Certificate of S		\$78.75 Fili Certified C			0 Filing ficate o fied Co	f Status	; &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of co	orporation; must include "INCORPORATED," "CO	MPANY." "CC	RPORATION."		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")	,	,		
(If name unavaila	ble in Florida, enter alternate corporate name adopte	ed for the purpos	e of transacting bus	siness in Florida)	
Nevada	3.				
(State or country	under the law of which it is incorporated)	(FEI	number, if applica	ble)	
May 6, 2014	of incorporation) 5.				
(Date	ation, if other than	perpetual)			
	(Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F.				
	vd., Sherman Oaks, CA 91423	, 10 00101111110	penany naomy)		
	(Principal offi	ice address)			
	ζ	····,			
(Current mailing address, if different)					
Name and stree	address of Florida registered agent: (P.O. Box	x <u>NOT</u> accepta	ible)	6 25 ASSE	
Name:	NORTHWEST REGISTERED AGENT LLC			mc 111	
fice Address:	3030 N. Rocky Point Drive, STE 150A			P.STA F.STA	
	ТАМРА	Florida 336	07	32 35 35	
		, 1 101144	code)		
	(City)	(Zip	0000)		
Registered age	(City)	(Ziţ	(Code)		
ving been name	(City) nt's acceptance: ed as registered agent and to accept service of	(Zip process for the	e above stated co.		
ving been name ignated in this	(City) nt's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment of	Zip process for the as registered a	e above stated co. gent and agree to	act in this capacity	
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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: Jeffrey Dunham Director: 13801 Ventura Blvd., Sherman Oaks, CA 91423 Address: _ **B. OFFICERS** Jeffrey Dunham President: 13801 Ventura Blvd., Sherman Oaks, CA 91423 Address: ___ Vice President: Jeffrey Dunham Secretary: 13801 Ventura Blvd., Sherman Oaks, CA 91423 Address: Jeffrey Dunham Treasurer: 13801 Ventura Blvd., Sherman Oaks, CA 91423 Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

Jeffrey Dunham, President

13.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SMOKIN' PUSS, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 6, 2014, and is in good standing in this state.



Electronic Certificate Certificate Number: C20160730-0224 You may verify this electronic certificate online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 30, 2016.

Barbara K. Cegerske BARBARA K. CEGAVSKE

Secretary of State