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COVER LETTER

TO:	Registration Section					
	Division of Corporations					
CLID	TEAM INVASION INC.					
SORI	ECT:	of cornoration	- must include suffix			
	Name	or corporation	- must merade sumx			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good Stand	ding" and check are sub-			
	return all correspondence concerni Y GLASGOW EJD. EA.	ing this matter	to the following:			
		Name of P	Person			
JOUR	JOURNEL ACCOUNTING & TAX SERVICE					
30 WE	Firm/Company 30 WEST BROAD STREET SUITE 404					
		Addres		·		
ROCH	ESTER NY 14614	Adules	55			
		City/State an	d Zip code			
journe	actg@frontiernet.net					
	E-mail address	: (to be used fo	or future annual report n	otification)		
For fur	rther information concerning this m	atter, please ca	all:			
ELROY GLASGOW EJD. EA.		585	319-4930			
		at (
	Name of Person	Area Code	Daytime Teleph	ione Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, Fl			
Enclos	ed is a check for the following amo	ount:				
5 70	0.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	S87.50 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. TEAM INVASION Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") DBA, TEAM INVASION MUSIC GROUP (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) NY 45-2411219 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) 05/09/2011 **PERPETUAL** (Date of incorporation) (Date of duration, if other than perpetual) NONE (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5929 FILMORE STREET # 5929 HOLLYWOOD FL 33021 (Principal office address) SAME AS 7 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) GORDON McMATH Name: 5929 FILMORE STREET Office Address: **HOLLYWOOD** 33021 (City) (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place

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.

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(Registered agent'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 **JOSEPH DUKES** Chairman: 52 GROVER ST. ROCHESTER NY 14611 Address: _ JOSEPH DUKES Vice Chairman: __ 52 GROVER ST. ROCHESTER NY 14611 Address: Address: ____ Director: _____ Address: **B. OFFICERS** JOSEPH DUKES President: 52 GROVER ST. ROCHESTER NY 14611 Address: ___ Vice President: Address: ____ ELROY GLASGOW EJD. EA. Secretary: 30 WEST BROAD STREET, ROCHESTER NY 14614 Address: Treasurer: 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. JOSEPH DUKES PRESIDENT

(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TEAM INVASION INC was filed on 05/09/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of September two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS JOSEPH DUKES		
Chairman: 52 GROVER ST. ROCHESTER NY 14611	<u></u>	
Address:		1
JOSEPH DUKES Vice Chairman:		
52 GROVER ST. ROCHESTER NY 14611 Address:	ļ	
Director:		
Address:		1
Director:		
Address:	 	
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B. OFFICERS JOSEPH DUKES)) {
President:	Dia Series	i
Address:	<u> </u>	i i
W. a. Davidson	92. S 7. S	1
Vice President:		1
Address:		:
ELROY GLASGOW EJD. EA. Secretary:		
30 WEST BROAD STREET, ROCHESTER NY 14614 Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or dir	ectors.
12.X (No All Mullar Signature of Director or Officer		
The officer or director signing this document (and who is listed in number 11 above) aff are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	irms that the facts	
JOSEPH DUKES PRESIDENT 13. Jaseph Dukoe		
(Typed or printed name and capacity of person signing applicati	ion)	

State of New York Department of State } ss:

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Brendan W. Fitzgerald Executive Deputy Secretary of State