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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Master Ronal	d Inc.
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Stanbove referenced foreign corporation to transact busing	inding" and check are submitted to equipment.
Please return all correspondence concerning this matte	er to the following:
Gerald Pock Name of	
Name of	Person
moster Ro	inald Inc
Firm/Cor	npany
P.O. Box 72	9
Addr	ess
Olmito, Te.	xas 78575
City/State a	nd Zip code
Third gen 2	000 a Jahoo iom
E-mail address: (to be used	ooo a Jahoo iom for future annual report notification)
For further information concerning this matter, please of	call:
Berald Pockrus 11 (950	Daytine Telephone Number
Name of Person Area Cod	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee & Ø \$87.50 Filing Fee. Certified Copy 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Texas (State or country under the law of which it is incorporated) 3. 74-2813394 (FEI number, if applicable) 4. Feb. U, 1997
(Date of incorporation) _____ 5. ____ November 13, 2017 (Date first transacted ousiness in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1100 Shamp Boat La Fort my en Beach Florida 33931 (City) (Zip code) Office Address: 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 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.

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.

(Registered agent's signature)

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

A. DIREC		_										
Chairman: _	Gerald	Pockr	us_						<u>, , , , , , , , , , , , , , , , , , , </u>	· • · · · · · · · · · · · · · · · · · ·		
Address:	PO-BOX	729	Olmito	<u>, † x</u>	705°	75		<u>-</u>				
												
Vice Chairma	ın;											
	 											
												
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										•	7 7.	
 -												***
B. OFFICE										•,		
President:	Geral	d Poc	Kris								2: 01	
Address:	P.0	· Box t	olmito.	<u> </u>	1857	 5		·-		1>-		
												
Vice President												
												
Secretary:							-		···			
												
											_	
NOTE: If nec	cessary, you ma	iy attach∙a	n, addendur	n to the at	plicatio	h listing	addition	al officers	s and/or	directe		
2		t	· - ·		فيرس ب	·			,	an cete	ηз.	
the officer or re true and th	director signin at he or she is a felony as provi	g this doct aware that	unent (and false infor	who is lis nation sub	ted in no	mber 11	ahove)	aftirme th	at the fo	ata ata	tod her consti	rein tutes
3			Pock of name an		ch	wirman	nl Pr	osident	_			
	(Тур	ed or print	ed name an	id capacity	of pers	on signin	ig applic	cation)				

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for MASTER RONALD, INC. (file number 143282000), a Domestic For-Profit Corporation, was filed in this office on February 06, 1997.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on November 10, 2017





Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 772898770010