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Office Use Only



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## **COVER LETTER**

TO:	Registration Section							
	Division of Corpor							
CHRI	Shogun EnterpleCT:	orises inc.						
SUD	EC1	Name of	l'corporation	n - must	include suffix			
Dear S	Sir or Madam:							
"Certi	nclosed "Application ficate of Existence," referenced foreign co	or "Certificate o	of Good Sta	nding" a	and check are sub			
	return all correspond vy Vitarelli	lence concernir	ig this matte	r to the	following:			
			Name of	Person	<del></del>			<del></del>
Shogu	Enterprises Inc.							
		<del></del>	Firm/Con	npany	<del>-</del>			
527 H	oward Street, Floor 3							
	<del>_</del>		Addr	ess				
San Fr	ancisco, CA 94105		71007					
			City/State a	and Zip	code	- 1		
licensi	ng@shoguninc.com					( - · · ·	2016	e-1 -4
	- 1	E-mail address:	(to be used	for futu	re annual report	notification)	ZY.	
For fu	rther information con	cerning this ma	itter. please	call:				1
Anthony Vitarelli			415	872	-5179		A	Ö
	Name of Person	·	Area Coc	) le	Daytime Telep	hone Number	126	
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			
Enclos	sed is a check for the	following amou	int:					
☐ \$70	0.00 Filing Fee	\$78.75 Filing Certificate of			5 Filing Fee & fied Copy	S87.50 F Certific Certifie	ate of S	Status &

## 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. Shogun Enterprises Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 81-3965471 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) Perpetual (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 527 Howard Street, Floor 3, San Francisco, CA 94105 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) VCorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: Davic (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 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. (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 Lonsdale 501 2nd St #300, San Francisco, CA 94107 Address: \_ Vice Chairman: Address: Anthony Ghosn d Director: 527 Howard Street, Floor 3, San Francisco, CA 94105 Address: Andrew Oetting Director: 501 2nd St #300, San Francisco, CA 94107 Address: \_ **B. OFFICERS** Anthony Ghosn President: 527 Howard Street, Floor 3, San Francisco, CA 94105 Address: \_\_\_ Vice President: \_\_\_\_\_\_ Anthony Ghosn **6**Secretary: 527 Howard Street, Floor 3, San Francisco, CA 94105 Addresst Anthony Ghosn Treasurer: 527 Howard Street, Floor 3, San Francisco, CA 94105 NOTE: If necessary, you may attach an 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. Anthony Ghosn 13.

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "SHOGUN ENTERPRISES INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2016, AT 1:58 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTH DAY OF OCTOBER, A.D. 2016, AT 4:04 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-EIGHTH DAY OF JULY, A.D.
2017, AT 3:34 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "SHOGUN ENTERPRISES INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Authentication: 201928232

Date: 01-05-18