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COVER LETTER

то:	Registration Section Division of Corporations					
CELD	Mightycause Corporation					
SUBJ	Nan	ne of corporation	n - mus	t include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign ficate of Existence." or "Certific referenced foreign corporation t	ate of Good St	anding"	and check are sub	ct Business in Florida," mitted to register the	
Please	return all correspondence conc	erning this matt	er to the	following:		
Bryce	Melvin					
		Name o	f Persoi	1		
Might	ycause Corporation					
		Firm/Co	mpany			
P.O. B	sox 160					
		Ado	lress			
Maria	nna, FL 32447					
		City/State	and Zip	code	•	
accour	nting@mightycause.com					
	E-mail add	ress: (to be used	l for fut	ure annual report i	notification)	
For fu	rther information concerning thi	s matter, please	e call:			
Bryce	Bryce Melvin 202 660-1907					
	Name of Person	at (Area Co	ode	Daytime Telep	hone 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		ection orporations 7	
Enclo	sed is a check for the following	amount:				
\$ \$7	0.00 Filing Fee	iling Fee & ite of Status		.75 Filing Fee & tified Copy	☐ \$87.50 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.

Mightcause Co	rporation		
(Enter name of	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)
Delaware 2.	3	20-8583706	
(State or count	ry under the law of which it is incorporated)	(FEI number, if app	plicable)
4. (Date of incorporation)		(Date of duration, if other t	than perpetual)
May 1, 2018			
4428 Lafayette S	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 St. Marianna, FL 32446	n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	ty)
7	(Princip	pal office address)	
P.O. Box 160, N	Marianna, FL 32447		T10 6
	(Current mailin	ng address, if different)	五 五 五
8. Name and stre	eet address of Florida registered agent: (P.C	O. Box NOT acceptable)	一组一个
Name:	Bryce Melvin		2 Z
Office Address:	4428 Lafayette Street		1: 36 STATE A COMM
J.1., V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Marianna	32446 , Florida	夏雨 6
	(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 Thomas Matthews Chairman: 10001 Rough Run Ct Address: Fairfax Station, VA 22039 Vice Chairman: Address: __ Director: Address: _ **B. OFFICERS** Thomas Matthews President: 10001 Rough Run Ct Address: _ Fairfax Station, VA 22039 Bryce Melvin Vice President: 3426 Maplewood Ct Address: Marianna, FL 32446 Thomas Matthews Secretary: 10001 Rough Run Ct, Fairfax Station, VA 22039 Address: Thomas Matthews Treasurer: _ 10001 Rough Run Ct, Fairfax Station, VA 22039 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. 13. Bryce Melvin

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MIGHTYCAUSE CORPORATION" IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIGHTYCAUSE CORPORATION" WAS INCORPORATED ON THE TWENTIETH DAY OF FEBRUARY,

A.D. 2007.

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Authentication: 202598500

Date: 04-27-18

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