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COVER LETTER

	legistration Sectio Division of Corpor Binksound, Ir	ations				
SUBJEC						
., 6 2, 7, 22		Name of corpora	ion - mu:	st include suffix		
Dear Sir o	or Madam:					
"Certifica	ite of Existence."	by Foreign Corporation or "Certificate of Good 5 orporation to transact but	Standing"	and check are sub		
Please ret Blake Eise	turn all correspond eman	lence concerning this ma	itter to th	e following:		
Binksound	d, Inc.	Name	of Perso	ו		
-4617 Norf	folk Island Pine Dr.	Firm/C	Company			
Tamarae.	FL 33319	A	ldress			
blake@bir	nksound.com	City/Sta	e and Zip	code		
	I	E-mail address: (to be us	ed for fut	ure annual report	notification)	
For furthe	er information con	cerning this matter, plea	se call:			
Blake Eise	rman	678	570-5711			
	Name of Person	at (Area () Code	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			
Enclosed	is a check for the	following amount:				
□ \$70.00) Filing Fee	\$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified 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. Binksound, Inc. 1. (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) 20-5691082 (FEI number, if applicable) (State or country under the law of which it is incorporated) 12/12/2006 (Date of duration, if other than perpetual) (Date of incorporation) 1/1/2018 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4617 Norfolk Island Pine Dr. Tamarac, FL 33319 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Blake Eiseman Name: 4617 Norfolk Island Pine Dr. Office Address: Tamarae

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.

, Florida

(Zip code)

(Registered agent's signature)

(City)

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: ____ **B. OFFICERS** Blake Eiseman President: 4617 Norfolk Island Pine Dr. Address: Tamarac, FL 33319 Vice President; Secretary: Treasurer: ___ 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. Blake Eiseman, President

Control Number: 06105624

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BINKSOUND, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15771058 Date Inc/Auth/Filed: 12/12/2006 Jurisdiction : Georgia Print Date : 05/01/2018

Form Number : 211



Brian P. Kemp Secretary of State