F18000003078

| (Requestor's Name) | | | | |
|---|-----------------------|----------|--|--|
| (Address) | | | | |
| (A | ddress) | | | |
| (C | ity/State/Zip/Phone # |) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | f Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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18 JUN 28 PH 2:35 Secretary of State

K SALY JUL - 3 7018

COVER LETTER

| | Registration Section Division of Corporations | | | | | | | |
|-----------------|---|--|---------------------------------|--------|---------------|----------|--|---|
| SUBJE | CT: | New Mar | ket Entertainme | nt, In | C. | | | |
| | | | | | | - must | include suffix | |
| Dear Sir | or M | adam: | | | | | | |
| "Certific | ate of | Existence | , - | te of | Good Stand | iing" a | nd check are sub | ct Business in Florida." omitted to register the |
| Please re | eturn a | ill corresp | ondence concer | ning | this matter | to the f | following: | |
| Graham l | Norris | | | | | | | |
| | | | | | Name of P | erson | | |
| Norris La | w Grou | ıp, PC | | | | | | |
| | | | · · · | | Firm/Comp | pany | · · · · | |
| 1156 S. | State | Street, Sui | te 204 | | | | | |
| | | | | | Addre: | 88 | | |
| Orem, U | JT 84 | 097 | | | | | | |
| | | | | C | ity/State an | d Zip c | rode | |
| graham@ | @norri | slawyer.co | | | | | | |
| | | | E-mail addre | ss: (t | o be used for | or futur | re annual report | notification) |
| For furth | ner inf | ormation | concerning this | matt | er, please ca | all: | | |
| Graham | am Norris at (801) 932-1238 | | | | | | | |
| | Name | of Persoi | 1 | _ | Area Code | | Daytime Telep | hone Number |
| 1 1 | Regis Divisi Clifto 2661 | tration Sec on of Cor n Building | porations 3 Center Circle | SS: | | | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | section orporations 7 |
| Enclosed | d is a | check for | the following ar | noun | 1: | | | |
| 7 \$70.0 | 00 Fili | ing Fee | S78.75 Fili Certificate | | | | 5 Filing Fee & Ted Copy | S87.50 Filing Fee. Certificate of 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.

| 1. | New Market En | tertainment, Inc. | | | | |
|-------------------------|------------------|--|---|---|---------------------------------|-----|
| | | torporation; must include "INCORPORAT forp," "Inc," "Co," or "Corp,") | TED." "C | OMPANY," "CORPORATION," | | |
| | (If name unavail | able in Florida, enter alternate corporate n | ame adop | ted for the purpose of transacting bus | siness in Florida) | |
| 2. | Wyoming | | 3. | | | |
| | (State or countr | ry under the law of which it is incorporated | j) | (FEI number, if applical | ble) | |
| 4. | May 23, 2018 | | 5. | | | |
| (Date of incorporation) | | | (Date of duration, if other than perpetual) | | | |
| 6. | | | | | | |
| 7. | 1712 Pioneer Av | | | rida, if prior to registration) F.S., to determine penalty liability) | 至6 6 | |
| | | | rincipal of | fice address) | JUN 28 | FIL |
| | | (Current r | mailing ad | dress, if different) | 7.9. P | ED |
| 8. | Name and stree | et address of Florida registered agent: | (P.O. B | ox NOT acceptable) | 2: 35 (E.) (E.) (E.) (E.) | |
| | Name: | Registered Agents Inc. | | _ | | |
| O | ffice Address: | 3030 N. Rocky Point Dr. STE 150A | <u> </u> | _ | | |
| | | Tampa | | Florida <u>33607</u> | | |
| | | (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 Agents Inc.

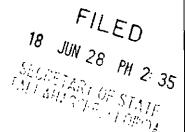
Bill Havre - Assistant Secretary

(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: | FILED 18 JUN 28 PM 2:35 |
|---|---------------------------------------|
| A. DIRECTORS | 18 JUN 20 |
| Chairman: Graham Norris | 1864.572 PH 2:35 |
| Address: 1156 S. State Street, Suite 204 | 9.156.~ 0/4.54 |
| Orem, UT 84097 | t bry. |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| Addicss. | |
| B. OFFICERS | |
| President: Graham Norns | |
| Address: 1156 S. State Street, Suite 451 | |
| | |
| Vice President: | |
| Address: | |
| | |
| Secretary: Graham Noms | |
| Address: 1156 S. State Street, Suite 204, Orem, UT 84097 | |
| Treasurer: Graham Norris | |
| Address: 1156 S. State Street, Suite 204, Orem, UT 84097 | |
| NOTE: If pecessary you may attach an addendum to the application listing a | dditional officers and/or directors |
| 12. | additional officers and/or directors. |
| Signature of Director or Officer | |
| The officer or director signing this document (and who is listed in number 11 are true and that he or she is aware that false information submitted in a docur a third degree felony as provided for in s.817.155, F.S. | |
| - Graham Narris Director | |

STATE OF WYOMING Office of the Secretary of State



I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

New Market Entertainment, Inc.

is a Profit Corporation

formed or qualified under the laws of Wyoming did on **May 23, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000804812**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of June, 2018 at 9:46 AM. This certificate is assigned 026937431.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.