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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: 3-C ENTE	ERPRISES, INC			
		- must include suffix		
Dear Sir or Madam:				
"Certificate of Existence	on by Foreign Corporation for conference," or "Certificate of Good Stan corporation to transact busine	iding" and check are sub-		
Please return all correspondent	ondence concerning this matter	r to the following:		
LYDIA CRAWFORD				
	Name of	Person		
3-C ENTERPRISES, INC	C			
	Firm/Com	pany	 	
39715 QUARTZ DRIVE				
	Addre	ess		
ZEPHYRHILLS, FL 335	i40			
	City/State a	nd Zip code		
lcrawfordcpa@yahoo.co	am.			
ICIAWIOI GCPA(Q; YANIOO:CO	E-mail address: (to be used to	for future annual report n	otification)	
For further information of	concerning this matter, please of	call:		
LYDIA CRAWFORD	at (606	y 922-8607		
Name of Person A		Daytime Telephone Number		
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	
Enclosed is a check for t	the following amount:			
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 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. 3-C ENTER	RPRISES, INC.					_
	orporation; must include "INCORPORATI forp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,	***		
(If name unavaila	able in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting	business in	ı Florida	1)
2. KENTUCKY		3.	32-0076832			
(State or countr	(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4. MAY 14, 20	03	5.				
··	(Date of incorporation)		(Date of duration, if other than perpetual)			_
6. AUGUST 1, 20	318					
0. <u>//.0000/ 1, 20</u>		ss in	Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 60	7.15	02, F.S., to determine penalty liability	y)		
7. 39715 QUAR	TZ DRIVE, ZEPHYRHILLS, FL 33540)				
~· <u></u> _			al office address)			
	(Current m	ailin	g address, if different)	32	2016	
				*;>- '	بت	
8. Name and street	et address of Florida registered agent:	(P.C	. Box NOT acceptable)	ATT ARK S	JUL	
Managa	LYDIA CRAWFORD			<u>.</u> :	<u></u>	•
Name:	ET BIA CRAVII ORB				70	
Office Address:	39715 QUARTZ DRIVE			<u>-</u> <u>-</u> <u>-</u> <u>-</u>		,
	ZEPHYRHILLS		Flacida 33540	<u>.</u>	PH 1:09	
	(City)		, Florida <u>33540</u> (Zip code)		u.	
	(0)		(13.p 0000)			

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 Chairman: __ Address: ___ Vice Chairman: Director: __ Address: **B. OFFICERS** President: Donald G. Crawford Address: 39715 Quartz Drive Zephyrhills, FL 33540 Vice President: Address: Secretary: Lydia Crawford Address: 39715 Quartz Drive, Zephyrhills, FL 33540 Treasurer: Lydia Crawford Address: 39715 Quartz Drive, Zephyrhills, FL 33540 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. Secretary/Treasurer

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

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 204521

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

3C ENTERPRISES, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is May 14, 2003 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 10th day of July, 2018, in the 227th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

204521/0560070