ζ.

10/16/2018

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

**Electronic Filing Cover Sheet** 

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10.	Division of Corporations			
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From:				·>
	Account Name : C T CORPORATION S'	/STEM		-
	Account Number : FCA000000023			١ي
	Phone : (614)280-3338			
	Fax Number : (954)208-0845		5.	Ċ()
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Electronic Filing Menu

Corporate Filing Menu

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## 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.

	rporation; must include "INCORPORAT irp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"				
	ble in Florida, enter alternate corporate na	nme adopted for the purpose of transacting bus	iness in Flori	ida)		
Delaware		_ 3,				
(State or country 10/9/2018	under the law of which it is incorporated	<ol> <li>(FEI number, if applicab</li> </ol>	ole)			
(Date	of incorporation)		(Date of duration, if other than perpetual)			
10/15/2018		••	<u> </u>			
516 E. Central Bly		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	130			
		incipal office address)				
	(11)	merpar office addicess/	$\triangleright$	(-)		
Name and stree	(Current ii t address of Florida registered agent:	(P.O. Box NOT acceptable)	्र ज			
Name:	Brent C. Henderson	, , , , , , , , , , , , , , , , , , ,				
Name:	516 E. Central Blvd	<del></del>				
mee Address:	Orlando,	32801 , Florida				
	(City)	(Zip code)				
aving been namesignated in this arther agree to c	application, I hereby accept the appoint on ply with the provisions of all statu	service of process for the above stated con ointment as registered agent and agree to ttes relative to the proper and complete po ons of my position as registered agent.	act in this	capacity		
	B	t)//				

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: Brent C. Henderson			
516 E. Central Blvd., Orlando, FL 32801 Address:			
Vice Chairman:			
Address:	,	E.,	<del> · -</del>
Director:	**		
Address:	<del></del>	<del>-</del> -	-
			(12)
Director:		(f)	
Address:	<del></del>	<u></u>	<del>,</del>
B. OFFICERS			
Brent C. Henderson			
President:			
Address:			
			<u></u> -
Vice President:			<del></del>
Address:			
	<del></del>		
Secretary: Brent C. Henderson			
Address: 516 E. Central Blvd., Orlando, FL 32801			
Brent C. Henderson Treasurer:			
516 E. Central Blvd., Orlando, FL 32801 Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/	or directo	rs.
$\mathcal{O}(1)$			
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 above) aff are true and that he or she is aware that false information submitted in a document to the	irms that the Departmen	e facts stat Fof State (	ed herein constitutes
a third degree felony as provided for in s.817.155, F.S.	-		
13. Brent C. Henderson, President & CEO			

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



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

DELAWARE, DO HEREBY CERTIFY "ZUPP EXPERIENCES INC." 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 SIXTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

(1) 10 A 5 # 6 A 5 #

7092914 8300
SR# 20187160886
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203619283

Date: 10-16-18