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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
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### FOREIGN PROFIT/NONPROFIT CORPORATION

#### Fun For Life Ventures Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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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.

ι.	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")								
	(If name onavails	able in Florida, enter alternate corporate name	adopte	d for the purpose of transacting but	siness in Fl	orida)	-		
2.	Wyoming	3	N/A				_		
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)					
4.	03/28/2017	5	. Perp	etual			_		
	(Date of incorporation)		(Date of duration, if other than perpo		perpetual)				
6.	N/A					25_	_		
		(Date first transacted business (SEE SECTIONS 607.1501 & 607.1			ALL AN	2018 NOV -8	77		
7.	1630 N Hercule	s Ave Clearwater, FL 33765	inal affi	ce address)			Ť		
	3030 N. Rocky	Point Dr. STE 150A Tampa, FL 33607	ipar ori	ee address)	SELO	AH =			
		(Current mail	ling add	ress, if different)	- E	10	-		
8.	Name and stree	et address of Florida registered agent: (P.	O. Bo	( <u>NOT</u> acceptable)					
	Name:	Registered Agents Inc.							
O	ffice Address:	3030 N. Rocky Point Dr. STE 150A							
		Tampa		, Florida 33607					
		(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.

Bell Have
(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: Jacob Wand Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607 Vice Chairman: Paul Mazzapica Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607 B. OFFICERS President: Jonathan Wand Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607 Vice President: Paul Mazzapica Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607 Secretary: Krista Bower Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607 Treasurer: Jonathan Wand Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607 NOTE: If qecessary/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 Jonathan Wand, Treasurer

# 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,

### **Fun For Life Ventures**

is a

## **Profit Corporation**

formed or qualified under the laws of Wyoming did on **March 28, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000747752**.

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 8th day of November, 2018 at 11:45 AM. This certificate is assigned 028614226.

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.