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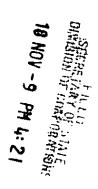
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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: F(16005 OF F(Edd), In C. Name of Corporation – must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida". "Certificate of Existence". or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Shawti Szwed Name of Person Hilans of Fledy Tac
Time Company
128 OUN CLECK CJ Address
Nustri 605+ MD 21901 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{\text{Shane of Person}}{\text{Name of Person}} \text{ at } (\frac{302}{\text{Area Code}}) \frac{593 - 2/92}{\text{Daytime Telephone Number}}$
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee Certificate of Status Certified Copy S87.50 Filing Fee. Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (State or country under the law of which it is incorporated) (Date first conducted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S. to determine penalty liability.) Gim Ly North East,
(Principal office address 12 / /// tl &(15+/Current mailing address, it different of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: 10. 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.

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS
Chairman: Shart, SZWED
Address: 1506 SAXACK ST NE Palm Bay, FZ
32907
Vice Chairman: DRAISE Dahrunski - Buchanan
Address: 215 South Robert way
Sortpllite Beach, FL 32937
Director: Chr, 5 SZWE
Address: 1500 Sutschede ST ME
Falm Boy, FL 329, 7
Director:
Address:
B. OFFICERS
President: Shank SZWEd
Address: 1506 Sutschell ST NE Palm Bay FL 32907
Vice President: Denise Dahrouski - Buchanan
Address: 245 South Robert Way
Salellite Beach FE 32937
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Share Szwer Don'se Na Wouski - Bykerer (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

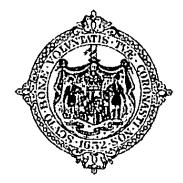
I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FRIENDS OF FREDDY, INC. (D17954991). INCORPORATED APRIL 17, 2017, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULLY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 05, 2018.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: azPe3ylgJkG3LbYWMXG7pg To verify the Authentication Code, visit http://dat.maryland.gov/verify