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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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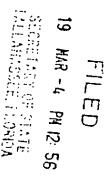


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For further info	ormation con	cerning thi	is matter, ple	ease ca	11:		
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Name	of Person		Area	Code) 304 22 Daytime Tel-	ephone	Number
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Enclosed is a c	heck for the	following	amount:				
□ \$70.00 Fili	ng Fee 🛭		iling Fee & ate of Status	0	\$78.75 Filing Fee & Certified Copy	×	\$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

HOLDINGS ENT CORPORATION

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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION."

"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

				d for the purpose of transa 82-34 (FEI number, i			
(Da	te of incorp			(Date of duration, if other than perpetual) Florida, if prior to registration)			
				da, if prior to registration) S., to determine penalty lia			
	<u>/000</u>	PSFYH ST	SUTJE 200 (Principal offi	MTAMF 30 ec address)			
Name and str			(Current mailing add		MIR -4 PH IZ		
Name: ice Address:	- 15 - 15 - 15	PEGEL + CORF	NTERA, PA UTERA, PA UTERA, PA UMAY LA AMI	び <i>F</i> し , Florida <u>33/43</u> (Zip code)	2. 56 2. 56		
signated in the	med as reg is applicate comply w	istered agent and ion, I hereby accept the provisions of the provi	ot the appointment of all statutes relativ	is registered agent and	tated corporation at the pl agree to act in this capaci aplete performance of my gent.		

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: RODERICK VANDERBILL Address: 944/ CHARLEVILLE BLUD AT 384 BEVERLY HIUS, CA 902/2 Vice Chairman: Address: ______ Director: Address: _______ Address: **B. OFFICERS** President: ______ Address: Vice President: Address: Secretary: Address: Treasurer: Address: 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. acket Roderick VANDERBINT, CHATLMAN

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

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SYNDICATE HOLDINGS ENT CORPORATION" 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 EIGHTH DAY OF FEBRUARY, A.D.

2019.

7273002 8300 SR# 20190835102

Authentication: 202229278

Date: 02-08-19