	(shown below) on t	the top and bottom of (((H1900020730)		iment.
		H190002073093ABC		
	Account Name Account Number Phone Fax Number	: (850)617-6383 : M. BURR KEIM CO r : I19990000242 : (215)563-8113	s entity to be used	A for future ease. **
19 JUL - 5 AM HE 23		рру		ION

. BURR KEIM CO Fa	ux: 12159779386	To:	Fax: (850) 617-6383	Page: 2 of 4 v	07/08/2019 11:05 /
		((()	H19000207309 3)))		
APPLIC/	VTION BY FO		RATION FOR AUTHORIZ ESS IN FLORIDA	ZATION TO TR	ANSACT
IN COMPLIANC. REGISTER A FO	E WITH SECTI REIGN CORPO	ON 607.1503, FLORI DRATION TO TRANSA	DA STATUTES, THE FOLLOW ACT BUSINESS IN THE STAT	VING IS SUBMITT. E OF FLORIDA	ED TO
Neen James Inc	2.				
	:orporation; must ?orp," "Inc," "Co,		TED," "COMPANY," "CORPO	KATION,"	
Dennouluonus		nter alternate corporate i	name adopted for the purpose of the		
(State or countr December 1, 20	ry under the law c	of which it is incorporate			
4 (Date	of incorporation)	(Date of duration,	, if other than perpetu	al)
6	(SEE S	Date first transacted busin ECTIONS 607.1501 & 6 Suite 114, Tampa, FL 3	ness in Florida, if prior to registrat 507.1502, F.S., to determine penal 3615	ion) Ity liability)	2019
					11
8/10 West Hillst		(17	Principal office address)		
			rincipal office address) mailing address, if different)	ANXS EE.F	JL-8 PH
7	et address of Flo Janine James	(Current orida registered agent:		ANXS EE. FLORIDA	<
7	Janine James	(Current orida registered agent:	mailing address, if different) (P.O. Box <u>NOT</u> acceptable)	ANXSLEE, FLORIDA	PH H: 3
7 8. Name and <u>stree</u>	Janine James	(Current orida registered agent:	mailing address, if different) (P.O. Box <u>NOT</u> acceptable)	ANXSLEE, FLORIDA	PH 4: 3

9. Registered agent's acceptance:

F

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 um familiar with and accept the obligations of my position as registered agent.



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.

M, BURR KEIM CO	D Fax: 12159779386	το:	Fax: (850) 617-6383	Page: 3 of 4	07/08/2019 11:05 AM		
		1)))	119000207309 3)))				
11. Names	s and business address	es of officers and	/or directors:				
A. DIREC	CTORS Janine James 🗸						
	710 West Hillsborough Avenue, Suite 114						
	ampa, FL 33615						
	Andrew James V	/					
	710 West Hillsborough /						
	ampa, FL 33615			150	22		
Director _				20			
Address:		<u>_</u>	<u> </u>	- ASSE			
_				Г <u>л.</u> -	<u>P</u>		
Director.					<u><u><u>+</u></u></u>		
Address:					<u>م</u>		
_		· •= ·=• · · ·	. <u> </u>				
B. OFFIC	/						
President: _	Janine James V						
Address:	710 West Hillsborough /	Avenue, Suite 114	·		<u></u>		
т 	ampa, FL 33615	/	·		. <u></u>		
Vice Preside				<u></u> .			
8 Address:	710 West Hillsborough A	Avenue, Suite 114	·	<u></u>			
_	ampa, FL 33615				• • • • • • • • • • • • • • • •		
Secretary:	Janine James 🗸						
8	710 West Hillsborough /	Avenue, Suite 114,	Tampa, FL 33615				

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

Janine James, President

Janine James 🔨

Address.

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



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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/03/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

Neen James Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be allixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190703120917-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

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