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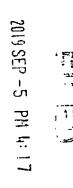
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

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TO:	Registration Section Division of Corpor							
~	Popcorn Con							
SUBJ	JECT:	Name of	corporation	n - must i	nclude suffix			•
Dear S	Sir or Madam:		·					
"Certi	nclosed "Application ficate of Existence," referenced foreign c	or "Certificate of	f Good Sta	nding" a	nd check are sul			
Please	return all correspon	dence concernin	g this matte	r to the f	ollowing:			
Maria	nne Reithoffer							
		. ,	Name of	Person				•
Popco	rn Confections, Inc.							
			Firm/Con	npany				•
9022	Wiggins Rd							
			Addr	ess				•
Gibso	nton, FL 33534							
			City/State a	and Zip c	ode			•
mariar	nne@reithoffershows.c	om						
		E-mail address:	(to be used	for futur	e annual report	notification)	2019	•
For fu	rther information co	ncerning this ma	tter, please	call:			2019 SEP	- 7
Marianne Reithoffer		а	813 t (363-	363-8535		-5	
	Name of Person		Area Coo	le	Daytime Telep	ohone Number	PH 4: 17	٠.
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			mailing address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section orporations 7			
Enclos	sed is a check for the	following amou	nt:					
CS \$7	0.00 Filing Fee C	\$78.75 Filing Certificate of			5 Filing Fee & ied Copy	S87.50 Fil Certificate Certified	e of Status	&

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.

Popcorn Confe	ctions Company, Inc.		
If name unavai	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	business in Florida)
Virginia		74-3227548	
(State or count	3	(FEI number, if appl	icable)
8/13/2007	5		
(Dat	5	(Date of duration, if other th	ian perpetual)
	(Date first transacted business in I		
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability	')
U22 Wiggins R	d., Gibsonton, FL 33534		
		office address)	
	(Principal	Office address)	
	(Ртілсіра	Torrice address)	
		address, if different)	
		·	
Name and <u>stre</u>		address, if different)	
	(Current mailing	address, if different)	21
Name:	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	2019:
Name:	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Rd	address, if different) Box NOT acceptable)	2019 SEP
Name:	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System	address, if different)	2019 SEP -5
Name:	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Rd	address, if different) Box NOT acceptable) 33324	S
Name: fice Address:	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Rd Plantation (City)	address, if different) Box NOT acceptable) 33324 , Florida	-5 PH
Name: ice Address: Registered ag	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Rd Plantation (City) ent's acceptance:	address, if different) Box NOT acceptable) , Florida 33324(Zip code)	-5 PH 4:
Name: ce Address: Registered ag ving been nam	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Rd Plantation (City)	address, if different) Box NOT acceptable) , Florida 33324, Florida (Zip code)	PH 5.
Name: ice Address: Registered ag ving been nan ignated in this ther agree to c	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Rd Plantation (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment of apply with the provisions of all statutes religious.	address, if different) Box NOT acceptable) , Florida 33324, Florida (Zip code) e of process for the above stated ent as registered agent and agree dative to the proper and complete	corporation at the to act in this capa
Name: ice Address: Registered ag ving been nan ignated in this ther agree to c ies, and I am	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Rd Plantation (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment of a comply with the provisions of all statutes religamiliar with and accept the obligations of all statutes.	address, if different) Box NOT acceptable) , Florida 33324, Florida (Zip code) e of process for the above stated ent as registered agent and agree dative to the proper and complete	corporation at the to act in this capa
Name: fice Address: Registered ag ving been nam ignated in this ther agree to c	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Rd Plantation (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment of a comply with the provisions of all statutes religamiliar with and accept the obligations of all statutes.	address, if different) Box NOT acceptable) , Florida 33324, Florida (Zip code) e of process for the above stated ent as registered agent and agree dative to the proper and complete	corporation at the to act in this capa

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 Richard H. Reithoffer Chairman: _ 9022 Wiggins Rd Address: Gibsonton, FL 33534 Marianne Reithoffer Vice Chairman: 9022 Wiggins Rd Address: __ Gibsonton, FL 33534 Director: __ Address: _ B. OFFICERS President: ___ Vice President: _____ Address: ____ Secretary: Address: Treasurer: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. mariam Rutheller 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

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

a third degree felony as provided for in s.817.155, F.S.

Marianne Reithoffer

13.

Commontoealthof Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Popcorn Confections, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is August 13, 2007;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: September 3, 2019

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1909036054