Division of Corporations	Buchanan Ingersoli + Rooney 4125621041	Page 1 of 1
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c- s. č.	Account Name : BUCHANAN INGERSOLL & ROONE Account Number : I19990000148 Phone : (\$13)769-7692 Fax Number : (\$13)223-6121	
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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.

", Inc.," "Co.," "Co	procretion; must include "INCORPORATED," * http:///"line,/* "Co," or "Corp.")	'COMPANY," · 'CORPORATION,"	
(If name unavails Delaware	ble in Florida, etter alternate corporate name ad	opted for the purpose of transacting business in Florida	0
	y under the (sw of which it is incorporated) 019 5.	(FRI number, if applicable)	2019 OC
	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1503 Blvd., West Palm Beach, FL 33401	Inride, if prior to registration) 2, F.S., to determine penalty Hability)	6 FH 2:
Same as principa	•••	office address)	- 23
· · · · · · · · · · · · · · · · · · ·	(Current mailing	address, if different)	_
Name and <u>stree</u> Name:	<u>t address</u> of Florida registered agent: (P.O. CT Corporation System	Box <u>NOT</u> acceptable)	
	1200 South Pine Island Road		
effice Address:			

Having been named as registured 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.

ANN J. WILLIAMS Special Assistant Secretary Registered agent's signature)

10. Attached is a certificate of existence duly sufficiented, 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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman	a:	—
Address:		-
Vice Cha	sirman:	_
Address:		-
Director:	Thomas Duniap	_
Address:	240 S. Quadrille Blvd., West Palm Beach, FL 33401	-
Director:	Whitney Thier	_
Address:	240 S. Quadrille Blvd., West Palm Beach, FL 33401	-
B. OFF President Address:	Thomas Dualap	~
Vice Pres	Whitney Thier sident: 240 S. Quadrille Bivd., West Palm Beach, FL 33401	31700115
Secretary	Whitney Thier	PI 2: 2
Treasures		- -
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	-
are true (a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes legree felony as provided for in \$.817.155, F.S. itney Thier, Executive Vice President	

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "MORE SOLUTIONS CORP." 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 FIFTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO MEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES RAVE BEEN ASSESSED TO DATE.

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You may verify this certificate online at corp.delaware.gov/authver.shtml H19000306402 3

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