FPOUNIA69S

| (Re | equestor's Name) | |
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| (Ac | ddress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | [] MAIL |
| (Bı | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| | | | _ | | |
|---|--------------|-------------|--------------|--------------------------------|-------------------|
| Righty, Inc. | | | | | |
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| | | | - | | |
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| | | | | | |
| | | | | Art of Inc. File | |
| | | | 1 | LTD Partnership File | |
| | | | | Foreign Corp. File | |
| | | | | L.C. File | _ , |
| | | | | Fictitious Name File | |
| | | | | Trade/Service Mark | |
| | | | | Merger File | -+ - |
| | | | | Art, of Amend, File | |
| | | | | RA Resignation | 1: |
| | | | | Dissolution / Withdrawal | |
| | | | | Annual Report / Reinstatement | |
| | | | | Cert. Copy | , |
| | | | | Photo Copy | |
| | | | | Certificate of Good Standing | |
| | | | | Certificate of Status | |
| | | | | Certificate of Fictitious Name | |
| | | | | Corp Record Search | |
| | | | | Officer Search | |
| | | | | Fictitious Search | _ |
| Signature | | | | Fictitious Owner Search | |
| | | | | Vehicle Search | |
| Requested by: | | | | Driving Record | |
| Requested by: Seth | 10/17/19 | | | UCC 1 or 3 File | |
| Name | Date | Time | | UCC 11 Search | |
| Walk-In | Will Pick Up | | | UCC 11 Retrieval | _ |
| 174 Ponder's Printing - Thom (sivile, GA 8/ | | | | Courier | |

COVER LETTER

| TO: | Registration Se | ection | | | | |
|-------------|--|---|--------------|--|---|-------|
| | Division of Cor | porations | | | | |
| | | Righty, Inc. | | | | |
| SUBJ | SUBJECT: Name of corporation - must include suffix Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: Name of Person | | | | | |
| | | | | | | |
| Dear S | Sir or Madam: | | | | | |
| "Certi | ficate of Existence | e," or "Certificate of Good S | Standing" | and check are sub- | t Business in Florida," mitted to register the | |
| Please | return all corresp | oondence concerning this ma | itter to the | or Authorization to Transact Business in Florida," randing" and check are submitted to register the ness in Florida. Iter to the following: Of Person Ompany Transact Business in Florida," The residual content of the following: Of Person Ompany Transact Business in Florida," Transact Business in Florida, Transact Business in Flor | | |
| | | Name of corporation - must include suffix fadam: "Application by Foreign Corporation for Authorization to Transact Business in Florida," of Existence," or "Certificate of Good Standing" and check are submitted to register the total foreign corporation to transact business in Florida. all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip code E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: at (| | | | |
| | | | | ··· | ··· | |
| | | Firm/C | Company | | | |
| | | Ac | idress | | | , |
| | | | | | 1• | |
| | | City/Stat | e and Zip | code | • | _ |
| | | | | | ************************************** | |
| | | E-mail address: (to be use | ed for fun | ire annual report n | otification) | |
| For fu | rther information | | | • | , | |
| | | |) | | | |
| | Name of Perso | n Area C | Code | Daytime Teleph | one Number | |
| | Registration Sec Division of Cor Clifton Building 2661 Executive | ction porations S Center Circle | | Registration Se Division of Cor P.O. Box 6327 | ction porations | |
| Enclos | sed is a check for | the following amount: | | | | |
| 57 (| 0.00 Filing Fee | | | | | s |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

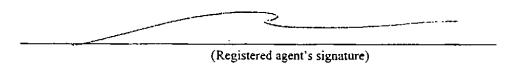
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Righty Inc.

| | corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION," | |
|----------------|---|--|----------|
| | aware | c adopted for the purpose of transacting business 32-0609247 | • |
| (| 36/30/2019 | | |
| (Dat | te of incorporation) | (Date of duration, if other than perp | etual) |
| | | | |
| | | in Florida, if prior to registration) 1502, F.S., to determine penalty liability) rk, DE 19702 | 2019 (** |
| | (Princ 18205 Biscayne Blvd #2205, Aventura, FL | ipal office address) 33160 | : 17 |
| _ | (Current mai | ling address, if different) | ; |
| | cet address of Florida registered agent: (P Sherri Heller | O. Box NOT acceptable) | . 20 |
| Name: | 18205 Biscayne Blvd #2205 | | |
| ffice Address: | Aventura | 33160 | |
| | | , Florida | |

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicati the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdicunder the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Jordan Heller Chairman: 18205 Biscayne Blvd #2205 Address: Aventura, FL 33160 Vice Chairman: Address: _ Director: Address: _____ **B. OFFICERS** Jordan Heller President: 18205 Biscayne Blvd #2205 Address: Aventura, FL 33160 Vice President: Secretary: Address: ___ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

12.

Signature of Director or Officer

The officer or director signing this doctment (and who is listed in number 11 above) affirms that the facts stated hare true and that he or she is aware that false information submitted in a document to the Department of State cons a third degree felony as provided for in s.817.155, F.S.

Jordan Heller

13.

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



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

DELAWARE, DO HEREBY CERTIFY "RIGHTY, INC." 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIGHTY, INC."

WAS INCORPORATED ON THE THIRTIETH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



7585057 8300 SR# 20197600747 Authentication: 2038147

Date: 10-17-