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(F	lequestor's Name)			
A)	ddress)			
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(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

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## **COVER LETTER**

TO: Registration Sc Division of Co					
SUBJECT: U	Vegas Sto	mps and ation-must include suffix	Hobbies, Im	<b>.</b> .	
Dear Sir or Madam					
"Certificate of Existence		n for Authorization to Transac Standing" and check are sub- usiness in Florida.			
Please return all corres	pondence concerning this n	natter to the following:  Level Pres e of Person	ident		
Vegas	Stamps Firm/	Company +666	ies, IMC.		
6200 (	out port	Bluch ste.	201-362		
South P	esadona, Cily/si	FL 3370 ate and Zip code	7	2	
	Vegasstam Expail address: (to be o	DS 40 66 PS Conded for future annual report in	gmail, Co.	MD00115	
For further information	concerning this matter, ple	ease call;		. 12	크
Raudall_S Name of Perso	hepard at (72)	27 280 - 55 Code Daytime Teleph	5_8 none Number	P1: 6: 19	, '
STREET/COU Registration Sc Division of Co Clifton Buildin 2661 Executive Tallahassee, Fi	rporations 18 2 Center Circle	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection eporations		
Enclosed is a check for	the following amount:				
\$70,00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate 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.		
1. Vegas Stamps and Hobbies, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)		
2 USA, Nevada 3 N/A		
(State or country under the law of which it is incorporated) (FEI number, if applicable)  4. 12   23   120   5.		
(Date of incorporation) (Date of duration, if other than perpetual)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 6800 Gulfport Blud, Ste 201-362, South Aus	adeu	as FL
(Current mailing address, if different)		
8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)	20	
Name: Randall L. Shapard	7.20 61.02	
Office Address. 6800 Guttport Bludy Sto 201-362	15	
South Pasadena, Florida 33707 (Zip code)	ව. ව:	
9. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the p	<del></del>	
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac 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.		
Multiple (Registered agent's signature)		
(Register agent's signature)  10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applica the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisd		

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_\_\_\_Sam Director: \_ Address: \_\_ **B. OFFICERS** 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.

Rall L. Sheparch, Mesiacul

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

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, VEGAS STAMPS AND HOBBIES, INC., as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/21/2015, and is in good standing in this state.



Certificate Number: B20191009280887

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my office on 10/09/2019.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State