Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000322440 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400

: (302)645-1280 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

tiffanymanuel@yahoo.com Email Address:____

FOREIGN PROFIT/NONPROFIT CORPORATION

TheCaseMade Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

T GLASS

NOV 0 1 2019

(((H19000322440 3)))

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.

	der the law of which it is incorporated)	3-2243474		
	der the law of which it is incorporated)	GES rumber if applicable		•
	55			_
(Date of i	neorporation)	(Date of duration, if other than pe	erpetual)	•
				-
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
9100 Conroy Winder	mere Rd. Suite 200, Windermere, FL 34786			
	(Principal	office address)		-
				_
	(Current mailing	address, if different)		
		n - NOW - Constant (Act)	20	
	Idress of Florida registered agent: (P.O. tegistered Agents Inc.	Box WOT acceptagie)	2019 05.7 3	
Name: _	tegistered Agents Inc.	_	<u> </u>	
7 Tice Address:	901 4th Street N. Ste 300		<u></u>	į .
_	t. Petersburg	, Florida		
	(City)	(Zip code)	<u>ယ</u> က	
			;;·	
Registered agent'	e accontanco:		1.0	

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.

(((H19000322440 3)))

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

A. DIRECTORS	
Chairman:	
Address:	
	<u> </u>
Vice Chairman:	
Address:	
Directors	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
9100 Conroy Windermere Rd. Suite 200, Windermere, FL 34786 Address:	.25
Vice President:	
Address:	
Secretary:	. <u>r. </u>
Address:	
Treasurer:	
	TCd (diseases
NOTE: If necessary, you may attach an addendum to the application listing additional of	HICETS and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affir are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	ms that the facts stated herein Department of State constitutes
13. Tiffany Manuel, President	
(Typed or printed name and capacity of person signing application	n)

(((H19000322440 3)))



Page 1

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

DELAWARE, DO HEREBY CERTIFY "THECASEMADE 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THECASEMADE INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

7102800 8300

SR# 20197845627
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203910113

Date: 10-31-19

(((H19000322440 3)))