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JAN 1 0 2023 T. LEMIEUX CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 126173 5167167 AUTHORIZATION COST LIMIT ORDER DATE: January 8, 2020 ORDER TIME : 2:54 PM ORDER NO. : 126173-005 CUSTOMER NO: 5167167 FOREIGN FILINGS NAME: FRANCE ENTERPRISES, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

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. FRANCE ENT	ERPRISES, INC.			
(Enter name of of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORAT	ION,"	
(If name unavai	lable in Florida, enter alternate corporate name ado	opted for the purpose of transa	cting business in Flo	rida)
DELAWARE				
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. MAY 14, 2019				
(Date of incorporation)		(Date of duration, if other than perpetual)		
6				
I DANTONA D	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty lia	bility)	
7. TDAYTONA B	OULEVARD, DAYTONA BEACH, FLORIDA 3			
Attn: Ben Odon	Principal office) n, I Daytona Boulevard, Daytona Beach, Florida 3			
				
8. Name and streen Name:	et address of Florida registered agent: (P.O. E W. GARRETT CROTTY	ddress, if different) Box <u>NOT</u> acceptable)	2020 JAN -9	
Office Address:	I DAYTONA BOULVARD	_	>	Ü
	DAYTONA BEACH	, Florida	0 2 k	
	(City)	(Zip code)	3-	

9. Registered agent's acceptance:

Having been named as registered 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.

By: (Recurred agent's signature)

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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			
□ Chairman	Name:	□ Chairman	Name: LESA D. FRANCE
□Vice Chairman	Address: DAYTONA BOULEVARD	□Vice Chairman	Address: 1 DAYTONA BOULEVARD
Director	DAYTONA BEACH, FL 32114	Director	DAYTONA BEACH, FL 32114
■ President		□President	
□Vice President		■ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	□Other
□Chairman □Vice Chairman	Name:1 DAYTONA BOULEVARD	□Chairman □ Vice Chairman	Name: W. GARRETT CROTTY Address: I DAYTONA BOULEVARD
Director	DAYTONA BEACH, FL 32114	Director	DAYTONA BEACH, FL 32114
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	■ Secretary	□Treasurer
□Other	□Other	Other Chief Leg	gal Offici
	Name: BENJAMIN A. ODOM Address: 1 DAYTONA BOULEVARD ADAYTONA BEACH, FL 32114	□Chairman □Vice Chairman	Name: KATHERINE PACE 1201 SOUTH ORLANDO AVE. SUITE 370
□Director		□Director	WINTER PARK, FL 32789
□President _		□President	WINTERTARK, PE 32707
■ Vice President		□Vice President	
☐ Secretary	□Treasurer □Other	□ Secretary □ CFO ■ Other	☐Treasurer ☐Other
The officer or direct she is aware that fas.817.155, F.S.	Signature of Directors Signature of Directors signing this document (and who is listed in number of the Deput Islamination submitted in a document to the Deput Islamination submitted in the Deput Islamina	attachment will be imaged tment of State Annual Re or or Officer nber 11 above) affirms the	d for reporting purposes only. Non-indexed port form.
13. Benjamin A.	Odom, Vice President		

(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 "FRANCE ENTERPRISES, 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 EIGHTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRANCE ENTERPRISES, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY,

A.D. 2019.

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



Authentication: 202144920

Date: 01-08-20