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(Red	questor's Name)			
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(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Na	me)		
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COVER LETTER

	ration Section on of Corporat	ions			
SUBJECT:	PUP DEPOT IS	∛C			
SOBJECT.		Name of corporati	on - mu:	st include suffix	
Dear Sir or Ma	dam:				
"Certificate of	Existence," or	y Foreign Corporation f "Certificate of Good S poration to transact busi	anding"	and check are subm	
Please return al	•	nce concerning this mat	ter to the	e following:	
		Name	of Perso	n	
PUP DEPOT IN	С				
	 	Firm/C	ompany		
7320 E Fletcher	Ave				
		Ad	dress		
Tampa FL 3363	7				
		City/State	and Zij	p code	· · · · · · · · · · · · · · · · · · ·
pupdepot@gmai	l.com				
	E-	mail address: (to be use	d for fut	ure annual report no	tification)
For further info	ormation conc	erning this matter, pleas	e call:		
ROBERT HOU	CHINS	at (352) 40	Daytime Telepho	
Name	of Person	Area C	ode	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	ck payable to: l	ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	TATE .75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status of Certified Copy

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.

PUP DEPOT IN	C					
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORA	ATION,"			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of tran	nsacting business in Florida)			
2. DELAWARE	3	84-4180784				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4. 01-06-2020	5.	Perpetual				
	(Date of incorporation)		(Date of duration, if other than perpetual)			
6.						
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 TCHER AVE TAMPA FL 33637					
7		fice street address)	 			
7320 EAST FLE	TCHER AVE TAMPA FL 33637		25 25 25 25 25 25 25 25 25 25 25 25 25 2			
0. M		ng address, if different)	NACON - SO			
8. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)				
Name:	Registered Agents Inc					
Office Address:	7901 4th St N, STE 300					
	St Petersburg	. Florida ³³⁷⁰²				
	(City)	(Zip code)	_			

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.

Registered 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.

A. DİRECTORS						
□Chairman	Name: Robert Houchins	□Chairman	Name:			
	7320 East Fletcher Ave					
□Director	Tampa FL 33637	□Director				
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□Other	Other		□Other		
	Name:					
Director		□Director				
□President □Vina Bensidant		□ President				
			 			
Secretary	Treasurer	□Secretary		□Treasurer		
□Other		Other		□Other		
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman				
□Director	Tampa FL 33637	□Director		- -		
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	□Secretary		Treasurer		
□Other	Other	Other		⊡Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when-filing your Florida Department of State Annual Report form. 12. 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.

ROBERT HOUCHINS President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PUP DEPOT 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 SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PUP DEPOT INC."

WAS INCORPORATED ON THE SIXTH DAY OF JANUARY, A.D. 2020.

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

Authentication: 202134653

Date: 01-07-20

7785280 8300 SR# 20200109969