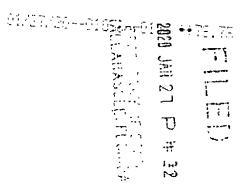


(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

, <u>6</u>

TO:	O: Registration Section Division of Corporations				
CHRI	ECT: FAIRCHILD COLLABORAT	VE INCORPO	RATED		
SOD	Name of	`corporation -	must include suffix		
Dear S	iir or Madam:				
"Certi	nclosed "Application by Foreign Corficate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Standi	ng" and check are submi	Business in Florida," tted to register the	
Please	return all correspondence concernin	g this matter to	o the following:		
LOVE	TTE DOBSON				
		Name of Pe	erson		
		Firm/Comp	any	-	
17350	STATE HWY 249 STE 220				
	· · · · ·	Addres	8		
HOUS	TON, TX 77064				
	,	City/State and	l Zip code		
EFILE	1234@INCFILE.COM				
	E-mail address:	(to be used fo	r future annual report not	ification)	
For fu	rther information concerning this ma	tter, please ca	II:		
LOVE	TTE DOBSON	u (Code Sassable Sassabl		
	Name of Person	Area Code	Daytime Telepho	ne Number	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	
Please	sed is a check for the following amount make check payable to: FLORIDA DE 0.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT O		□ \$87.50 Filing Fee. Certificate of Status & 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.

(If name unavail:	able in Florida, enter alternate corporate name ac	lopted for the purpose of transac	ting business in Florida)
DELAWARE	3	(FEI number, if	
12/11/2019	5. <u></u>	PERPETUAL.	.1.
(Date	of incorporation)	(Date of duration, if other	er than perpetual)
 	(Date first transacted business in	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liab	pility)
5970 Tower Rd I	and O Lakes, FL 34638		
	(Principal office	e <u>street</u> address)	
	(Current mailing	address, if different)	<u> </u>
			27
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Julie Cole		7 F
fice Address:	5970 Tower Rd		200 to
mee maarens.	Land O Lakes	Florida <u>34638</u>	•
	(City)	riorida (Zip code)	

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

under the law of which it is incorporated.

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

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name: Brandon Cole
□ Vice Chairman	Address:	□Vice Chairman	Address:
■Director	651 N BROAD ST, SUITE 205 #1600	□Director	651 N BROAD ST, SUITE 205 #1600
■President	MIDDLETOWN, DE 19709	□President	MIDDLETOWN, DE 19709
□Vice President		■ Vice President	
■ Secretary	Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	□Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
⊡President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	Other	□Other	
	Use an attachment to report more than six (6). The act added to the index when filing your Florida Departition of Directors and the state of Directors and Director	tment of State Annual Re	

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.

13. Julie Cole (PRESIDENT)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FAIRCHILD COLLABORATIVE INCORPORATED"

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 TWENTY-FIRST DAY OF JANUARY,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAIRCHILD COLLABORATIVE INCORPORATED" WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2019.

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

Authentication: 202220568

Date: 01-21-20