Fadda	Shelw			
(Requestor's Name) (Address)	600341215036			
(Address) (City/State/Zip/Phone #)				
(Business Entity Name) (Document Number)	62.128.28101801770.00			
Certified Copies Certificates of Status				
Office Use Only	у <mark>ү</mark> .			

## COVER LETTER

#### TO: Registration Section Division of Corporations

SUBJECT:

Flock Group, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Timothy Cofrin	
Name of Person	
Aprio Cloud	
Firm/Company	
2870 Peachtree Road #708	
Address	
Atlanta, GA 30305	
City/State and Zip code	
flockgroup@apriocloud.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Timothy Cofrinat (470)223-2135Name of PersonArea CodeDaytime Telephone 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

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE IX \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy

 \$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.

Flock	Group, Inc.				
	orporation: must include "INCO orp." "Inc," "Co," or "Corp.")	RPORATED," "C	COMPANY," "CORPORATIO	N,"	
(If name unavaila	able in Florida, enter alternate co	rporate name ado	oted for the purpose of transact	ing business in Florida)	
Delawa	re	3	82-0594875		
(State or countr	y under the law of which it is inc	orporated)	(FEI number, if a	applicable)	
02/23/2	017	5			
(Date	(Date of incorporation)		(Date of duration, if othe	r than perpetual)	
12/09/2	12/09/2019				
<u>.</u>		(Principal office s	te 210, Atlanta GA 30318 treet address) , Atlanta GA 30305		
	(	Current mailing ac	ldress, if different)		
. Name and <u>stree</u> Name:	et address of Florida registered Registered Agents Inc.	i agent: (P.O. B	ox <u>NOT</u> acceptable)	<b>1101 PCB</b>	
office Address:	7901 4th St N STE 300			<b>28</b> 2年 2	
	St. Petersburg		, Florida <sup>33702</sup>		
	(City)		(Zip code)	Sector 🐨	

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.

Beet	me-	Registered Agents Inc. Bill Havre - Assistant Secretary

(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. DIRECTORS

· .

Chairman	Name: Garrett Langley	Chairman	Name:
□Vice Chaimnan	Address: 1170 Howell Mill Rd NW	□Vice Chairman	Address:
Director	Suite 201	Director	
XIPresident	Atlanta, GA 30318	President	
□Vice President		□Vice President	
	Treasurer	Secretary	□Treasurer
₩Other CEO	Other	□Other	Dther
🗆 Chairman	Name:	DChairman	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		
□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.

Garrett Langley, CEO

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

13. \_\_\_\_\_

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLOCK GROUP 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 NINETEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLOCK GROUP INC" WAS INCORPORATED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2017.



Authentication: 204264143 Date: 12-19-19

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SR# 20198745761 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1