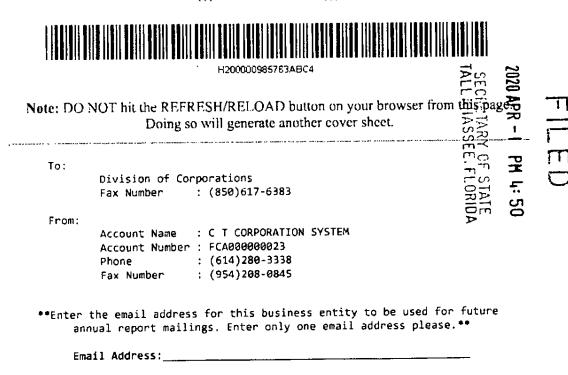


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000985763)))



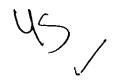
FOREIGN PROFIT/NONPROFIT CORPORATION HARMONI INC.

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

Please keep file date 4/1/2020

Electronic Filing Menu

Corporate Filing Menu



DocuSign Envelope ID: A83D1417-731F-4548-B800-SE00E3DFA9D0 APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT DISCINESS IN EL ODIDA

Harmoni Inc.		· · · · · · · · · · · · · · · · · · ·
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
Uncle Matt's Act	quisition lne.	
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
Delaware	3.	
(State or country	y under the law of which it is incorporated)	
3/27/2020	5.	Co. B
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)
	(Date first transacted business in	Florida, if prior to registration)
16 15 Vint 11. m. 56). Suite 102, Clermont, FL 34711	S. S. S.
1045 Edst Hwy 50		te street addiess)
	(Current mailing	g address, if different)
	(Current mailing	g address, if different)
Name and street	(Current mailing taddress of Florida registered agent: (P.O.)	
Name and stree	·	
Name:	et address of Florida registered agent: (P.O	
Name:	et address of Florida registered agent: (P.O Matthew Mel.can 1645 Fast Hwy 50, Suite 102	. Box NOT acceptable)
Name:	et address of Florida registered agent: (P.O. Matthew Mel.can 1645 East Hwy 50, Suite 102 Clermont	. Box NOT acceptable)
Name: Office Address: Registered agilaving been namelesignated in this further agree to c	Clermont (City) ent's acceptance: and as registered agent and to accept service application. I hereby accept the appointm.	Box NOT acceptable) , Florida \(\frac{3.4711}{2 \text{ (Zip code)}} \) The of process for the above stated corporation at the placement as registered agent and agree to act in this capacity elative to the proper and complete performance of my distingn as registered agent.

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.

DocuSign Envelope ID A83D1417-731F-4648-8800-5E00E3DFA9D0

L'Chairman	Name. Matt	hew McLean	∐Chairman	Nume:	
□Vice Chairman	Address	45 East Hwy 50, Suite 102	□Vice Chairman	Address	
Director	Cleimont, F		□ Director		
■ President			President		
DVice President			□Vice President		
Secretary		☐ Treasurer	☐ Secretary		☐Treasurer
DOther		□Other	Other		DOther
_Chairman			ClChairman □Vice Chairman	Name:	7 T
Director			[]Director		黑 王
EPresident			President		FLORE STE
			∐Vice President		DE O
DSecretary		[]Treasurer	ElSecretary		Treasurer
ElOther		[]]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	<u></u>	□Other	Other		Other
individuals may b	e added to the	ment to report more than six (6). To index when filing your Florida De House out of the Sign Comments	partnient of State Annual R	eport form	
·		Signcmomens	no r Officer		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARMONI 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2020.

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

Authentication: 202668460

Date: 03-27-20