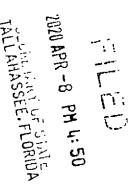
Faccom B

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000342964260







115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: April 08, 20	20		Accounts. 12000000000
Name: KEN HOW	ELL		
Reference #:119	5598		
Entity Name:	R	RED POCKET, INC.	702
✓ Articles of Incorporatio	n/Authoriz	ation to Transact Busine	SS ISSUES? CALLAND KEN:
Amendment			ASSE ASSE
Change of Agent			ISSUES? CALLY F
Reinstatement			·
☐ Conversion			518-213-0738
Merger			
Dissolution/Withdrawa	1		
☐ Fictitious Name			
Other			
Authorized Amount:	\$70.0	0	
Signature			

COVER LETTER

TO:	Registration Se- Division of Cor						
SHR	JECT:		Red Pocket, Inc.				
301%	LC1.	Name of	corporation - mu	st include suffix			
Dear S	Sir or Madam:				2020 F		
"Certi	ficate of Existenc		of Good Standing	" and check are subr	et Business in Florida, mitted to register the		
Please	return all corresp	ondence concernin	g this matter to th	ne following:	From F.		
			Joshua Gordo	on	PH 1: 50 PH 1: 50		
			Name of Perso	on	P		
			Red Pocket, In	ic.			
			Firm/Company	,			
		2060D Ave	nida De Los Arl	boles, Ste 288			
			Address				
		Thou	sand Oaks, CA	\ 91362			
			City/State and Zi	p code			
			al@goredpocke				
		E-mail address:	(to be used for fu	ture annual report n	otification)		
For fu	rther information	concerning this ma	tter, please call:				
			ıt ()				
	Name of Perso	n	Area Code	Daytime Teleph	none Number		
	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		
Enclo	sed is a check for	the following amou	int:				
! \$7	0.00 Filing Fee	\$78.75 Filing Certificate of		8.75 Filing Fee & rtified 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.

1.	Re	d Pocket, I	Inc.	
*	f corporation; must include "INCORPOF" (Corp.," "Inc.," "Co.," or "Corp.")	RATED," "C	OMPANY," "CORPORATION,"	
(If name unav	ailable in Florida, enter alternate corpora	te name adop	oted for the purpose of transacting business in Florida)	_
2.	Delaware	3.	(FEI number, if applicable)	į
(State or cou	ntry under the law of which it is incorpor	(FEI number, if applicable)		
4.	04/07/2005	5	Perpetual	77
	ate of incorporation)	 _	(Date of duration, if other than perpetual)	
6.			FLS F	_
7		es, Ste 288	F.S., to determine penalty liability) 8, Thousand Oaks, CA 91362 ffice address)	
	(Curre	ent mailing ad	ddress, if different)	
8. Name and st	reet address of Florida registered age	ent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	COGENCY GLOBAL	INC.	_	
Office Address:	115 North Calhoun Stree	t, Suite 4	_	
	Tallahassee		, Florida32301	
	(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.

John Celatka, 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: Vice Chairman: _____ Address: Director: Address: _____ Director: Address: **B. OFFICERS** Joshua Gordon President: 2060D Avenida De Los Arboles, Ste 288, Thousand Oaks, CA 91362 Address: ____ Vice President: Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Joshua Gordon / President 13. _____

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

11. Names and business addresses of officers and/or directors:

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RED POCKET 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 APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RED ROCKET FINC."

WAS INCORPORATED ON THE SEVENTH DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TRXES HAVE

BEEN PAID TO DATE.

Authentication: 202731980

Date: 04-07-20