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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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APR 10 2020 M. SOLOMON

COVER LETTER

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то:	Registration Section Division of Corporations					
SUBJ	ECT: Male	Excel, Inc.				
		Name (of corporation	n - mus	t include suffix	
Dear S	ir or Madam:					
"Certif	ficate of Exist	ication by Foreign Co ence," or "Certificate reign corporation to tr	of Good Star	nding" :	and check are sub	ct Business in Florida," mitted to register the
Please	return all corr	respondence concerni	ng this matte	r to the	following:	
Virgin	ia A. Broome					
			Name of	Person		
Male I	Excel, Inc.					
	<u>-</u>		Firm/Con	npany		
8133 A	Ardrey Kell Roa	id, Ste. 201				
			Addr	ess		
Charlo	tte, NC 28277					
	·		City/State a	nd Zip	code	
vabroo	me@maleexcel	l.com				
	•	E-mail address	: (to be used	for futu	re annual report r	notification)
For fur	ther informati	ion concerning this m	atter, please	call;		
Virgin	firginia Broome 704 472-6469 at ()					
	Name of Pe		Area Cod		Daytime Telepl	hone 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			
Please 1		for the following amorable to: FLORIDA DE \$78.75 Filin Certificate of	EPARTMENT g Fee &[□ \$78.7	ATE '5 Filing Fee & fied 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.

12/28/2018		89-2950636 (FEI number, if applicable)		
12/28/2018		(FEI number, if applicable)		
12/28/2018 (Date o				
(Date o	<u> </u>			
	of incorporation) 5.	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	i Florida, if prior to registration) i02. F.S., to determine penalty liability)		
133 Ardrey Kell	Road, Ste. 201, Charlotte, NC 28277			
	(Principal offic	ce <u>street</u> address)		
			<u></u>	
	(Current mailing	g address, if different)	م <u>) -</u>	
Name and <u>street</u>	address of Florida registered agent: (P.O). Box NOT acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name:	CT Corporation System		1215 1215 1216	
fice Address:	1200 South Pine Island Road		3013 21832	
	Plantation	Florida 33324	701307 31718	
	(City)	, Florida 33324 (Zip code)		

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: Craig Larsen	□Chairman	Name: Leif Wo	ombwell
□Vice Chairman	Address:	□Vice Chairman	Address:	1 Little Pony Drive
Director	Mooresville, NC 28117	□Director	Apt. 209	
President		□President	Huntersville, 8	₹C 28078
□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		☐ Treasuror (200
□Other	□Other	□Other		Other PR
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	27 X
□Director		□Director		
□President		□President		
□Vice President		□ Vice President		
□Secretary	Treasurer	□Secretary		□Treasurer
□Other		□Other		□Other
	Jse an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director or	it of State Annual Re	port form.	
The office of the second				
	tor signing this document (and who is listed in number lse information submitted in a document to the Departn			
13. Craig Larser	n, President/Director			

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MALE EXCEL, INC.. as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/28/2018, and is in good standing in this state.

Certificate Number: B20200330693485

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/30/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State