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MAY 0 7 2020 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Boss Promotions USA I	nc.		
		ne of corporation	n - must include suffix	<u> </u>
Dear Si	ir or Madam:			
"Certifi	closed "Application by Foreign icate of Existence," or "Certific referenced foreign corporation to	ate of Good Star	nding" and check are submi	
Please	return all correspondence conce	rning this matte	r to the following:	
Matt Fr	ith			
		Name of	Person	
Boss P	romotions USA Inc.			
		Firm/Con	npany	
4965 C	ypress Hammock Dr.			
		Addr	ess	
Florida	34771			
		City/State a	nd Zip code	
matt@t	oosspro.com			
	E-mail addr	ess: (to be used t	for future annual report noti	fication)
For furt	her information concerning this	matter, please o	eall:	
Matt Fri	ith	407 at (590-9041	
	Name of Person	Area Cod	e Daytime Telephor	ne Number
	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please m	d is a check for the following an ake check payable to: FLORIDA 100 Filing Fee	DEPARTMENT ing Fee &		\$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 unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florid					
Delaware	3	85-0599694			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
(Date 4/30/20	of incorporation)	(Date of duration, if other than perpetual)			
	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
	reek Rd. , Orlando, FL 32824 , Suite 121 (Principal off	ice <u>street</u> address)			
4965 Cypress H	lammock Dr., Orlando, FL 34771		<u>2</u>		
	(Current mailin	ng address, if different)	07/07/70 07/07/70		
Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	, je		
Name:	Registered Agents Inc.		;; -		
ffice Address:	7901 4th St. N, STE 300		<u> </u>		
	St. Petersburg	, Florida	# F		
	(City)	(Zip code)			
aving been nam esignated in this erther agree to co	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointn	(Zip code) ice of process for the above stated corporation at the planent as registered agent and agree to act in this capacitely to the proper and complete performance of my the comple	tv. I		

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.

(Registered agent's signature)

DIRECTORS Jonathan Gillingham □Chairman Name: ☐ Chairman Name: 9930 Sweetleaf St. □Vice Chairman Address: ☐Vice Chairman Address: Orlando, FL 32827 □ Director □Director □ President □ President ☐Vice President ☐ Vice President □Secretary ☐Treasurer □ Secretary □ Treasurer Owner Other_ □Other _____ □ Other □Other _____ Matt Frith Name: □ Chairman Name: _____ Chairman 4965 Cypress Hammock Dr. ☐ Vice Chairman Address: ☐ Vice Chairman Address: Saint Cloud, FL 34771 Director □ Director □President □President ☐Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer Other _____ □Other ____ ☐ Other _____ Other Name: _____ □ Chairman ☐ Chairman Name: □Vice Chairman Address: ☐Vice Chairman Address: ____ Director ☐ Director □ President □President □Vice President _ ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □ 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. 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. Matt Frith, Boss USA Director

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

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BOSS PROMOTIONS USA 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-EIGHTH DAY OF APRIL, A.D.

2020.

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

Authentication: 202840948

Date: 04-28-20