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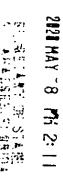
(Red	questor's Name)	
(Add	dress)	
(Auc	11655)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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MAY 1 3 2020 M. SOLOMON

COVER LETTER

TO:	CO: Registration Section Division of Corporations					
SHBJ	ECT:	Empire Cone	cept and Associates Inc.			
5 0 D 0	LC1.		Name of corpora	ion - n	nust include suffix	
Dear S	ir or M	ladam:				
"Certif	ficate o	f Existence,"	by Foreign Corporation or "Certificate of Good S corporation to transact bus	tandin	g" and check are sub-	
Please	return	all correspon	dence concerning this ma	tter to	the following:	
Richar	d Grand	la				
			Name	of Per	son	
Grand	Accoun	ting, Inc.				
			Firm/C	ompar	ny	
5501 N	IW 174t	th Drive				
	<u> </u>		A	ldress		
Miami	Garden	s, FL 33055				
			City/Sta	e and	Zip code	
rgranda	a@gran	daccountingin	c.com			
	-	···	E-mail address: (to be us	ed for	future annual report n	otification)
For fur	ther in	formation co	ncerning this matter, plea	se call:		
Richard	d Grand	a	at (³⁰⁵)	710-9932	
	Nam	e of Person	Area (Daytime Teleph	none 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 i	make ch	eck payable to	following amount: FLORIDA DEPARTME 78.75 Filing Fee & Certificate of Status	□ \$1	F STATE 78.75 Filing Fee & 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.

Empire Concep				
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"		
	• •			
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida		
Delaware				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
October 1, 2019		N/A		
(Date of incorporation)		(Date of duration, if other than perpetual)		
N/A				
	•	in Florida, if prior to registration)		
		1502, F.S., to determine penalty liability)		
18851 NE 29th A	venue, Suite 700			
	(Principal of	ffice street address)		
Aventura FL, 33	180			
		**n		
		ing address, if different)		
	(Current mail	# ∰ # ∰ # ∰		
Name and stree		# ∰ # ∰ # ∰		
Name and stree	(Current mail	O. Box NOT acceptable)		
Name:	(Current mail et address of Florida registered agent: (P Richard Granda	O. Box NOT acceptable)		
Name:	(Current mail et address of Florida registered agent: (P Richard Granda 5501 NW 174th Drive	O. Box NOT acceptable)		
	(Current mail et address of Florida registered agent: (P Richard Granda	O. Box NOT acceptable)		

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.

(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	Anthony Augustus Morgan Name:	□ Chairman	Name:	Morgan	
□Vice Chairman	Name:Ave Chichen Itza MZ 9 Lot 9 Address:	□Vice Chairman	Address: 283	30 W McKinley Maddox P	
Supermanzana 38		□Director	Perry, FL 32347-1216		
President	Cancun, Quintana Roo CP 77507 MX	□President			
□Vice President		■ Vice President			
Secretary	Treasurer	Secretary		☐Treasurer	
Other	Other	□Other		Other	
□ Chairman	Ryan Brown	□Chairman	Name:		
□Vice Chairman	Address: 920 Taylor Drive	□Vice Chairman	Address:		
□Director	Jefferson City, MO 65101	Director			
□President		□President			
□ Vice President		□Vice President	•		
Secretary	□Treasurer	Secretary		☐Treasurer	
Other	Other	□Other		□Other ○	
□Chairman	Name:	□ Chairman	Name:	20 CO	
□ Vice Chairman	Address:	□Vice Chairman		<u>a</u>	
□Director		Director	<u></u>		
□President		□President			
□Vice President		□ Vice President			
Secretary	☐ Treasurer	Secretary		□Treasurer	
Other	Other	Other	·	□Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departn	tachment will be image	d for reporting	purposes only. Non-indexed	
			•		
	Signature of Director	or Officer			
The officer or direct she is aware that far s.817.155, F.S.	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa	per 11 above) affirms the rement of State constitu	at the facts statutes a third degr	ed herein are true and that he or ee felony as provided for in	
13. Anthony Aug	gustus Morgan				

Page 1



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

DELAWARE, DO HEREBY CERTIFY "EMPIRE CONCEPT AND ASSOCIATES 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 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 "EMPIRE CONCEPT AND ASSOCIATES INC." WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2019.

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

Authentication: 202836138

Date: 04-27-20