2000002360

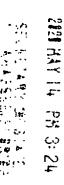
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300344574393

05/14/20--01014--009 **78.75



MAY 26 2020 M. SOLOMON

COVER LETTER

TO:	O: Registration Section Division of Corporations						
SUBJ	ECT.	Fairgrounds Projects Inc., succ	essor by mer	ger to Fairgr	ounds Project In	nc.	
0000		Name of	corporation	- must inc	lude suffix		
Dear S	ir or M	adam:					
"Certif	icate of	"Application by Foreign Cor Existence," or "Certificate of ced foreign corporation to tra	f Good Stan	ding" and	check are subr	t Business in Florida," nitted to register the	
Please	return a	all correspondence concerning	g this matter	to the follo	owing:		
Ghada :	Skaff, E	sq.					
			Name of	Person	·		
Lieser S	Skaff Al	lexander, PLLC					
			Firm/Con	ipany			
403 N.	Howard	l Ave.					
			Addre	ess	<u> </u>		
Tampa,	Florida	33606					
			City/State a	nd Zip cod	e		
liz@fai	rground	sprojects.com					
		E-mail address:	(to be used f	or future a	nnual report no	otification)	
For fur	ther inf	ormation concerning this ma	iter, please o	all:			
Ghada Skaff			t (<u>************************************</u>	280-125	280-1256		
	Name	of Person	Area Cod		aytime Teleph	one Number	
	Regist Divisi The C 2415 1	CET/COURIER ADDRESS: tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 tassee, FL 32303		я Д Я	MAILING AE Registration Se Division of Cor P.O. Box 6327 Fallahassee, FL	ection rporations	
	nake ch	check for the following amou eck payable to: FLORIDA DEF ng Fee \$78.75 Filing Certificate of	PARTMENT Fee &		ling 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.

	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bus	siness in Florida)		
Delaware		85-0857091			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
04/22/2020	of incorporation) 5.		_		
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(0. 7				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 22. F.S., to determine penalty liability)			
25485 US Highw	ay 19 N., Clearwater, FL 33763				
	(Principal offic	e street address)			
		/	.		
	(Current mailing	address, if different)			
			⊅ '34 1, 25 1, 24		
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	0.2		
Name:	Lieser Skaff Alexander PLLC		7 1 <u>2</u>		
ffice Address:	403 N. Howard Ave.		·		
	Tampa	33606	THE PARTY OF THE P		
	(City)	, Florida 33606 (Zip code)	**		
	({ itv)				

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.

i.

A. DIRECTORS						
□Chairman	Name: Elizabeth Dimmitt	□ Chairman	Name:			
□Vice Chairman	Address: 25485 US Highway 19 North	□Vice Chairman		_		
Director	Clearwater, FL 33763	□Director				
President		□President			 .	
□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	<u> </u>	□President				
□ Vice President		□Vice President				
Secretary	☐Treasurer	☐ Secretary		□Treasurer		_
□ Other	Other	Other		Other	7 (p)	2828
□Chairman	Name:	□ Chairman	Name:		# (F)	1 74
□Vice Chairman	Address:	□ Vice Chairman	Address:		**	<u> </u>
Director		□ Director			EN FIT	بن -بن
□President		□President			>	
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary		☐Treasurer		
Other	Other	□Other		□Other		
The officer or direct she is aware that falls.817.155, F.S.	Signature of Director tor signing this document (and who is listed in numb se information submitted in a document to the Department, President	or Officer	port form.	d herein are true	and that	

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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FAIRGROUNDS PROJECTS 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 SIXTH DAY OF MAY, A.D. 2020.

Authentication: 202890394

Date: 05-06-20