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PICK-UP	☐ WAIT	MAIL
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(Dx	ocument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO:		ion Section of Corporation	)S						
SUBJ	ECT:	Phoer	Name of c	api Fa	on - must in	hterpri	Ses, 5	Inc	·
Dear S	ir or Mada	m:							
"Certif	ficate of Ex	oplication by Fistence," or "( foreign corpo	Certificate of	Good Sta	nding" and	i check are su	sact Business in the sact Busi	n Florid fister the	la." c
Please	return all c	orrespondenc	e concerning	this matte	er to the fo	llowing:			
	Ann	Breit	119er						
			<del>- 9</del>	Name of	f Person				
	Bla	lock V	Valters	ρ	A.				
<del>,</del>	805	114	Stre	Firm/Cor	npany WeS.	<del>-</del>			
	Br	adent	'n	F L	ress	34205	·		<u></u>
-		Penni E-ma	ng ton	ity/State a	and Zip co	de <u>Cwalte</u> annual report	ers <u>Co</u>	7 <del>0</del>	
For fur	ther inform	ation concern	ing this matte	er, please	call:		1 to 12 to 1	JUN -2	
E	Name of	Pennin Person	ton at (	Area Cod	le 7	<u>48 –                                    </u>	100	PH 4: 42	:D
	Registration Division of The Centre 2415 N. M.	COURTER A on Section of Corporation e of Tallahass Jonroe Street, ee, FL 32303	ADDRESS: s ee			MAILING A Registration Division of C P.O. Box 633 Tallahassee,	ADDRESS: Section Corporations 27		
le <mark>a</mark> se n				RTMENT		Filing Fee &		_	Status &

### 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.

Phoenix Capit	tal Enterprises, Inc.			
(Enter name of Tac., ""Co.,""	Corporation; must include "INCORPORATED," "Corp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(If name unava	rilable in Florida, enter alternate corporate name a	dupted for the purpose of transacti	ing husiness in Florida)	
2. Delaware		62-1291457		
(State or coun 8/12/1986	try under the law of which it is incorporated)	(FIH number, if a	pplicable)	
·	te of incorporation) 5.		<del></del>	
6. <u>N/A</u>	ecor incorporation)	(Date of duration, if other than perpetual)		
7. <u> </u>	(SEE SECTIONS 607.1501 & 607.150 12518 Baypointe Terra (Principal office	ec, Cortez, FL 34215 street address)		
	(Current mailing	address, if different)	20	
8. Name and stro	ect address of Florida registered agent: (P.O.	Box NOT accentable)		
Name:	Blalock Walters, P.A.			
Office Address:	802 11th Street West			
	Bradenton	, Florida <sup>34205</sup>	4: 42	
	(City)	(Zip code)	~ ~ ~	
Registered ag	ent'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.

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Chairman	Name: Clifton P. Homar	∐Chairman	Name:Anita K	. Shiver	
□Vice Chairman	Address: 518 58th Street	□Vice Chairman	Address:	8 Baypointe Terrace	
Diffector	Holmes Beach, FL 34217	Director	Cortez, FL 34.		
■President	affor toning	<b>□</b> President			
□Vice President		■ Vice President	Coule	Miner	
☐Scoretary	LITreasurer	□ Secretary		UTicasinu	
□ Other	Other	[]Other		□Other	
CiChairman	Name:	<b>○Cha</b> irman	Neme:		
□Vice Chairman	Address:	ElVice Chairman	Address:		
Director	- <del></del>	Director			
L.Presiden		OPresident			
□ Vice President		⊡Vice President			
☐ Secretary	LITreasurer	GSecretary		☐Treasurer	
□Other	□()(her	□Other	<del></del>	00bc 2	
	Name:	□Chairman □Vice Chairman	Name:	JUN -2 PM	
UDirector		ClDirector		ACTION TO THE PERSON OF THE PE	
□President		□President		7	
□Vice President		□Vice President		<del></del>	
☐‰eretary	☐ Treasurer	☐Secretary		UTreasurer	
L1Other		<b>D</b> Other		□ Öther	
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.  12.   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 \$.817.155, F.S.					
13. Anita K. Shiver Vice-President (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 "PHOENIX CAPITAL ENTERPRISES, 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-SIXTH DAY OF MAY,

A.D. 2020.



Authentication: 202987486

Date: 05-26-20