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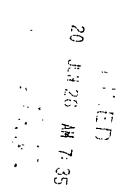
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
,		
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
tified Copies	Certificates	of Status
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COVER LETTER

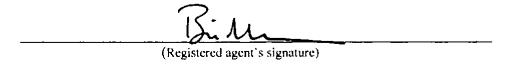
TO: Registration Division of	Section Corporations						
SUBJECT: TAZZ	ZA BRANDS EAST,	INC.					
SOBJECT.	Name	e of corporatio	n - must in	clude suffix	 		
Dear Sir or Madam:							
The enclosed "Appl "Certificate of Exist above referenced fo	tence," or "Certifica	te of Good Sta	inding" and	check are sub			•
Please return all cor	respondence concer	ning this matte	er to the fol	lowing:			
Randy Davenport							
	••••	Name o	f Person	-			
			 .			_	
411 115-1 6- 41020	3	Firm/Co	mpany				
411 Walnut St #1069	<i>'</i>						
	Dr. 20010	Add	ress				
Green Cove Springs,	FL 32043						
		City/State	and Zip co	de			
brian@terraboost.biz	<u>ار د بر این این این این این این این این این این</u>	- 76 - 11 - 11 - 1	<i>C</i> . <i>C</i>				
	E-maii addre	ss: (to be used	for future	annuai report	nouncation)	20	
For further informat	tion concerning this	matter, please	call:				
Randy Davenport		404 at (683-00)66	•	26	
Name of Pe	erson	Area Co	de I	Daytime Telep	hone Number	<u> </u>	
					• •	-:1	
Registration Division of The Centre 2415 N. Mo	COURIER ADDRE in Section Corporations of Tallahassee onroe Street, Suite 8 is, FL 32303			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	35	
Enclosed is a check Please make check pa \$70.00 Filing Fe	for the following as yable to: FLORIDA e	DEPARTMEN		Filing Fee &	☐ \$87.50 F Certifica Certified	te of Sta	

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.

	orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATIO	N,"		
(If name unavail	able in Florida, enter alternate corporate name		_		ida)
DELAWARE (State or country under the law of which it is incorporated)		85-1041162			
(State or counti	ry under the law of which it is incorporated)	(FEI number, if applicable)			
MAY 11, 2020	5				
(Date	of incorporation)	5. PERPETUAL (Date of duration, if other than perpetual)			
JULY 1, 2020	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1				
	#300, Miami, FL 33133				
		fice street address)			
		ng address, if different)	·		
	(Current maili	ng address. if different)		20	
Name and stre	(Current maili et address of Florida registered agent: (P.	ng address. if different)	<u>.</u>	O	
Name and stree	(Current maili	ng address. if different)		ن کیا	
Name:	(Current maili et address of Florida registered agent: (P.	ng address. if different)		ن کیا	
Name:	(Current mailiet address of Florida registered agent: (P. BRIAN L MORRISON 3109 Grand Ave #300	ng address. if different) O. Box NOT acceptable)		O	
Name:	(Current mailiet address of Florida registered agent: (P. BRIAN L MORRISON 3109 Grand Ave #300	ng address. if different) O. Box NOT acceptable)		0 јун 26	
	(Current mailiet address of Florida registered agent: (P. BRIAN L MORRISON 3109 Grand Ave #300	ng address. if different)	<i>=</i>	0 JUH 26 AH	

ace tv. 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]:

A. DIRECTORS			5 5 1700	T. \		
□Chairman	Name: BRIAN L MORRISON	□ Chairman	Name: BRETT MORRISON			
□Vice Chairman	Address:	□Vice Chairman	Address: 3109	9 Grand Ave #300		
⊞ Director	Miami, FL 33133	Director	Miami, FL 33133			
■ 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		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	□Other	□Other		□Other≥		
□Chairman	Name:	□Chairman	Name:	- <u>5</u>		
□Vice Chairman	Address:	□Vice Chairman				
□Director		□Director		·		
□President		□President		· 35		
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		Other		
individuals may be	Use an attachment to report more than six (6). The attaction and the index when filing your Florida Department	nt of State Annual Re	eport form.	•		
12	Signature of Director o	r Officer				
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Departs	r 11 above) affirms th	nat the facts state	d herein are true and that he or		
13. BRIAN L MO	DRRISON, DIRECTOR					
	(Typed or printed name and capacity of person	n signing application	1)			



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

DELAWARE, DO HEREBY CERTIFY "TAZZA BRANDS EAST, 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 ELEVENTH DAY OF MAY, A.D. 2020.

AND OF THE PARTY O

Authentication: 202913537

Date: 05-11-20