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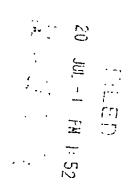
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: 7/8 Received permission from MS. Keliy to make Corrections to the Name and Principal State is	
711	
7/8	

Office Use Only



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COVER LETTER

TO: Registration Division o	on Section of Corporations		
SUBJECT:	Snak - Smart, Name of corporation	Inc.	
	Name of corporation	ı - must include suffix	
Dear Sir or Madan	n:		
"Certificate of Exi		Authorization to Transact Business in nding" and check are submitted to regess in Florida.	
	orrespondence concerning this matter	-	
	Natia Kelley Name of		
	Name of	Person	
	Snak-Smart,	Inc.	
1-700	Firm/Con	npany	a a
103	N. MC MULLED Addr	Booth Rd. Bo	<u>x </u>
		FL 34695	
	CCOUNTINGENTOPCHOP E-mail address: (To be used)	of the following for future annual report notification)	<u> </u>
	ation concerning this matter, please o		1
Nakia	Kelley at 724	1, 323-5695.	· 15
Name of I	Person / Area Cod	le Daytime Telephone Number	5: 5: 5:
	COURIER ADDRESS:	MAILING ADDRESS:	
Registration Division o	on Section f Corporations	Registration Section Division of Corporations	
The Centre	e of Tallahassee	P.O. Box 6327	
	fonroe Street, Suite 810 e. FL 32303	Tallahassee, FL 32314	
	k for the following amount: layable to: FLORIDA DEPARTMENT ee	☐ \$78.75 Filing Fee & X \$87.50 Certified Copy Certifi	Filing Fee, cate of Status & ed 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. Snak - Smart, Inc.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Delaware 3. 81-2839126 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 6-6-2016 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) N. McMullen Booth Rd H. 2, Safetyttarbor, FL 346'
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Natria Kelley Name: 323 Los Prados Dr.

Safety Harbor Florida 34695
(City) (Zip code) 323 Los Prados Dr. Office Address: 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			
	Name: Dusty Jaquins	□Chairman	Name: Spring Mountain Capital Address: 650 Madison Ave
□Vice Chairman	Address: 806 Valley Dr	□Vice Chairman	
□Director	<u>Cunton, GA 30114</u>	Director	20th floor
President		□President	New York, NY 1002:
□Vice President		□Vice President	·
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other		□Other	Other
	Name: Natural World, LTD Address: Suite 2305A 23/F Worldwide House		Address:
•		□Director	
	19 Des Voeux Rd. Central Hong Kong 999077	□President □Vice President	
Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Othér>
□Chairman	Name:	□Chairman	Name: 1 :
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	52
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
□Other		□Other	
12The officer or direction	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme Signature of Director of Signature of Director of the document (and who is listed in number also information submitted in a document to the Department.	nt of State Annual R r Officer	hat the facts stated herein are true and that he or
s.817.155, F.S.			
13.	(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 "SNAK-SMART, 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 JUNE, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 203091738

Date: 06-11-20