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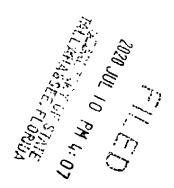
(Req	uestor's Name)	
(Add	ress)	
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(Bus	iness Entity Nan	ne)
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1/9/2020

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FreshJax, Inc.			
	ame of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of Existence	ficate of Good Stand	ing" and check are submitte	
Please return all correspondence con	cerning this matter to	o the following:	
Karen Bowden			202 TE
Abel Bean Law, P.A.	Name of Pe	erson	
	Firm/Comp		- B
100 N. Laura Street Suite 501	rum/Comp.	any	PH O
Jacksonville, FL 32202	Address	s	ON DAILY
kbowden@abelbeanlaw.com	City/State and	Zip code	
E-mail ad	dress: (to be used for	future annual report notific	cation)
For further information concerning t	his matter, please cal	1:	
Karen Bowden	at ()	
Name of Person	Area Code	Daytime Telephone	Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	n ations
	A DEPARTMENT OF Filing 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.

1	FreshJax, Inc.				
	(Enter name of c	corporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(If name unavail	able in Florida, enter alternate corporate name :	adopted for the purpose of transact	ing business in Florida)	
2.	Delaware	3	45-3616586		
4.	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
6.	lung 1 2020 I	of incorporation) Leffective each of conversion)	(Date of duration, if other than perpetual)		
7.	11526 Lake Mead	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 d Ave. Unit #103, Jacksonville, FL 32256	Florida, if prior to registration) 02, F.S., to determine penalty liabi	livy and the livy	
•	same as street ad		ce street address)	P	
		(Current mailing	g address, if different)	SILLE OT	
8.	Name and street	et address of Florida registered agent: (P.O	. Box NOT acceptable)	r	
	Name:	Jason McDonald			
Oi	ffice Address:	11526 Lake Mead Ave. Unit #103			
		Jacksonville	, Florida 32256		
		(City)	(Zip code)		

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	Jason McDonald Name:	Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Jacksonville, FL 32256	□Director				
President		□President				
□Vice President		□Vice President	-			
☐ Secretary	[] Treasurer	☐ Secretary	□Treasurer			
Other	□Other	□Other				
□Chairman	Name:	□Chairm an	Name:			
□Vice Chairman	Address:	□Vice Chairman				
□Director		Director				
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	El Treasurer			
Other	Other	□Other	7			
[]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			
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 fa	she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in					

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

s.817.155, F.S.

13. Jason McDonald, President

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "FRESHJAX, 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 EIGHTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESHJAX; INC.

WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2020.

Authentication: 203243992

Date: 07-08-20

3008067 8300 SR# 20205817120