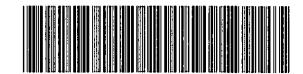
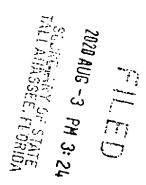
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Office Use Only



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US 8/11/20

### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Qredible, Inc.			
	Name of corporation -	must include suffix	<u></u>
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation." Please return all correspondence co	ificate of Good Stand on to transact business	ing" and check are submits in Florida.	Business in Florida." (ted to register the
Glen Littlejohn, Secretary			es es
	Name of Po	erson	<del>u</del> <del>u</del>
Qredible, Inc.			
	Firm/Comp	any	<u> </u>
7900 Oak Lane, Suite 400			24 R10A
	Addres	s	
Miami Lukes, FL 33016			
	City/State and	ł Zip code	<del></del>
glen@bsaadvisers.com			
E-mail a	ddress: (to be used for	r future annual report noti	fication)
For further information concerning	this matter, please cal	II:	
Glen Littlejohn	216 at (	240-0324	
Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sur Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
	DA DEPARTMENT ( 5 Filing Fee &		■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

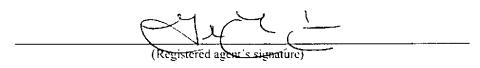
#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Qredible, Inc.				
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATI	ON,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)	
Delaware	3	85-2197821		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
05/08/2019	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
None				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502. F.S., to determine negalty lial	bility)	
7900 Oak Lanc, S	uite 400, Miami Lakes, FL 33016	,	· ,	
		ice street address)	2020 AUG	
	(Current mailin	ng address, if different)	- 10 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	
Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	- (S []) PM 3: 24 S [] (A)(B)	
Name:	Glen Littlejohn			
office Address:	7900 Oak Lane, Suite 400		» <b>4</b>	
	Miami Lakes, FL	, Florida 33016		
	(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.



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				
□Chairman	Name: Rick McDonald	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: 6 Keenland Court	
□Director	Miami Lakes, FL 33018	□Director	Cinnaminson, NJ 08077	
■ President		□President		
□Vice President		□Vice President		
□Sceretary:	☐Treasurer	☐ Secretary	Treasurer	
Other	Other	[]Other	Other	
□Chairman □Vice Chairman	Glen Littlejohn Name:	□Chairman		
□Director	Miami Lakes. FL 33016	□Director	- William 1	
□President		□President	3: 5	
□Vice President		□Vice President	2	
<b>■</b> 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	
Important Notice: Individuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Elprida Departmen	thment will be image nt of State Annual Re	ed for reporting purposes only. Non-indexed eport form.	
12.	TIT			
	Signature of Director of	r-Officer		
The officer or direct she is aware that fals.817.155, F.S.	tor signing this document (and who is listed in number lise information submitted in a document to the Departi	11 above) affirms the ment of State constitu	hat the facts stated herein are true and that he outes a third degree felony as provided for in	

Glen Littlejohn, Secretary

## Delaware The First State

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

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

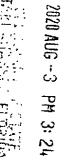
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QREDIBLE, INC."

WAS INCORPORATED ON THE EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.



Authentication: 203363810

Date: 07-28-20

7409393 8300 SR# 20206443996