F2000034

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
w2000091384				

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2020 AUG 31 PM 2: 07

9/2/20 US



August 19, 2020

MATT FURSTENBURG 8170 NW 124TH TERRACE PARKLAND, FL 33076

SUBJECT: GRIP BOOST INC. Ref. Number: W20000091384

We have received your document for GRIP BOOST INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 420A00015753



COVER LETTER

TO:		tration Section on of Corporations				
SUBJI	гст∙	GRIP BOOST INC.				
Name of corporation - must include suffix						
Dear Si	ir or M	adam:				
"Certif	icate of	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Standi	ing" and check are sub		
Please	return :	all correspondence concern	ning this matter to	o the following:		
MATT	FURST	ENBURG			15. 7	<u>.</u>
		.	Name of Pe	erson		<u> </u>
GRIP E	BOOST	INC.				5 -
			Firm/Comp	any	<u> </u>	1
8170 N	W 1247	TH TERRACE			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 1:- FM 2: 07
			Addres	S		<u>~</u>
PARKI	LAND.	FL 33076			종	2
			City/State and	d Zip code		
mfurst@	@gripbo	oost.com				
	_	E-mail addre	ss: (to be used fo	r future annual report r	notification)	
For fur	ther in	formation concerning this	matter, please ca	11:		
матт	FURST	TENBURG	800 at (557-9754 EXT 101		
	Nam	e of Person	Area Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please r	make ch	check for the following ar leck payable to: FLORIDA I ling Fee	DEPARTMENT (ing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fe Certificate of Standard 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.

GRIP BC	OOST INC.			
	ne of corporation; must include "INCORPORATI o.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"		
(If name u	mavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting busines	s in Florida)	
2. DELAW	ARE	47-5315456		
	country under the law of which it is incorporated	(FEI number, if applicable)		
4. 03/31/20	16	5.		
	(Date of incorporation)	(Date of duration, if other than perpe	etual)	
6.	04/24/2020	- We we on on on me	business	
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	2020 AUG	
7. 8170 NW	124TH TERRACE, PARKLAND, FL 33076			
	(Principal	office street address)	33 3	
8170 NW	124TH TERRACE, PARKLAND, FL 33076		PI	
	(Current m	ailing address, if different)	M 2: 07	
8. Name an	d street address of Florida registered agent: ((P.O. Box NOT acceptable)		
Na	me: MATT FURSTENBURG		Í	
Office Add	ress: 8170 NW 124TH TERRACE			
	PARKLAND	Florida		
	(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	Name: Mutther Fistersy	□Chairman	Name: Chandamery Aryu				
□Vice Chairman	Address: 8170 NW Dym Fer	□ Vice Chairman	Address: 3421 Pierce Dr.				
Director	MATT FURSTENBURG PORKING, FL	Director	CHANDAMAÑY ARYA				
President	MATT FURSTENBURG 33076	□President	Elicott City, MD 2104:				
□Vice President		■Vice President	CHANDAMANY ARYA				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	□Other				
□ Chairman	Name: Kern Diehn	(Chairman	Name: Herry beller				
	Address: 512 (menilood Rd		Address: 883 Alverno Dr.				
	KEVIN DIEHN		Address:				
■ Director	T 10 212/01/	Director	Mclein EVA 22102				
□President	Touson, MD 21204	□President	THE E				
□Vice President		□Vice President					
■ Secretary	☐Treasurer	☐ Secretary	■Treasurer				
Other	Other	□Other					
			07				
□ 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.	added to the index sper iming your rivings bepartner	or state Attitual Re	epon tom.				
12. Signature of Director or Officer							
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr	nent of State constitu					
13		iburg					
(Typed or printed name and capacity of person signing application)							



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

DELAWARE, DO HEREBY CERTIFY THAT "GRIP BOOST INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SECOND DAY OF APRIL, (A.D. 2014, AT 11:30 O'CLOCK A.M.

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "GRIP BOOST LLC" TO "GRIP BOOST INC.", FILED THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2015, AT 11:30 O'CLOCK A.M.

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2015, AT 11:30 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE THIRTY-FIRST DAY OF MARCH, A.D. 2016, AT 9:36 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "GRIP BOOST INC.".

Authentication: 203291260

Date: 07-16-20



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.

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THE STATE OF THE S

Authentication: 203291260

Date: 07-16-20