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(Requestor's Name)					
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(City/State/Zip/Phone #)					
(4.5). 2.3. 2. 1					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Fitting Officer.					





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COVER LETTER

TO:	ΓO: Registration Section Division of Corporations				
SUBJ	FCT. CODY ENTERPRISES, INC				
3000		ion - must include suffix			
Dear S	ir or Madam:				
"Certi:	iclosed "Application by Foreign Corporation f ficate of Existence," or "Certificate of Good St referenced foreign corporation to transact busi	tanding" and check are subt			
Please	return all correspondence concerning this mat	ter to the following:			
ROBE	RT W. CODY				
	Name	of Person			
		ompany	·		
4585 K	UMQUAT STREET	,			
	Ad	dress	<u></u>		
coco	A. FLORIDA 32926				
	City/State	e and Zip code			
CODY	INC@COMCAST.NET				
	E-mail address: (to be use	ed for future annual report n	otification)		
For fu	rther information concerning this matter, pleas	e call:			
ROBE	RT CODY	(3) 691 4341			
	Name of Person Area C	ode Daytime Teleph	none Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations		
Please	ted is a check for the following amount: make check payable to: FLORIDA DEPARTME: 0.00 Filing Fee	NT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

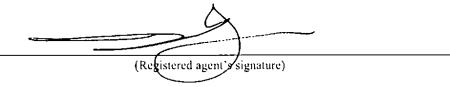
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

CODY ENTERPRISES, INC 1.					
)," "C	OMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate name	e adop	ted for the purpose of transacting business in Florida)		
WASHINGTON STATE		20-2427911			
(State or countr	ry under the law of which it is incorporated)		(FEI number, if applicable)		
03/17/2005	5				
(Date	of incorporation)	. —	(Date of duration, if other than perpetual)		
N/A					
4585 KUMQUA	(SEE SECTIONS 607.1501 & 607.				
		fice <u>st</u>	reet address)		
	(Current mail	ing ad	dress, if different)		
Name and stree	et address of Florida registered agent: (P.	O. Bo	ox <u>NOT</u> acceptable)		
Name:	ROBERT W. CODY		_		
ffice Address:	4585 KUMQUAT STREET		_		
	COCOA		, Florida 32926		
	(City)		(Zip code)		
	(Enter name of control of the contro	(Enter name of corporation; must include "INCORPORATED" "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name WASHINGTON STATE (State or country under the law of which it is incorporated) 03/17/2005 (Date of incorporation) N/A (Date first transacted business (SEE SECTIONS 607.1501 & 607.4585 KUMQUAT STREET, COCOA, FL 32926 (Principal of Current mail) Name and street address of Florida registered agent: (P. Name: ROBERT W. CODY 4585 KUMQUAT STREET COCOA	(Enter name of corporation; must include "INCORPORATED." "C "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adop WASHINGTON STATE (State or country under the law of which it is incorporated) 03/17/2005 (Date of incorporation) N/A (Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, 4585 KUMQUAT STREET, COCOA, FL 32926 (Principal office st (Current mailing ad Name and street address of Florida registered agent: (P.O. Both Name: ROBERT W. CODY 4585 KUMQUAT STREET COCOA		

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.

□Chairman	Name: ROBERT W. CODY	□ Chairman	Name: LISA M. CODY
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	COCOA, FL 32926	□Director	COCOA, FLORIDA 32926
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:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	□Secretary	□Treasurer
	Other	□Other	

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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

, ROBERT W. CODY, PRESIDENT, SECRETARY, TREASURER

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CODY ENTERPRISES, INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/17/2005.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/28/2020

UBI Number: 602 483 871

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 08/28/2020

