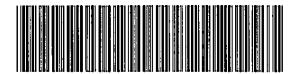


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(Ad	dress)			
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(Cit	y/State/Zip/Phon	e #/\		
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	3		
SUBJECT: EagleRidge Techno	logies, Inc.		
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpora	ertificate of Good Sta	inding" and check are sul	nct Business in Florida."  bimitted to register the
Please return all correspondence	concerning this matte	er to the following:	
Chester King			
	Name of	f Person	
EagleRidge Technologies, Inc.			
	Firm/Cor	mpany	
5455 Vema Blvd #6796			
	Addı	ress	
Jacksonville, FL 32236			
	City/State	and Zip code	
ck@ertin.com			20
E-mai	l address: (to be used	for future annual report	notification) S
For further information concerning	ng this matter, please	call:	\$ 5 E
Chester King	781	608-0024	
Name of Person	Area Coc	dc Daytime Telep	hone Number
STREET/COURIER AN Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	R <del>iba</del> department	T OF STATE  ☐ \$78.75 Filing Fee &  Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

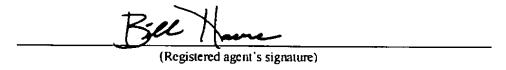
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	EagleRidge Ted	chnologies, Inc.			
	(Enter name of c	corporation; must include "INCORPORATED," - corp., "Inc.," "Co.," or "Corp.,")	COMPANY," "CORPORAT	ION."	
ł	(If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transac	cting business in Florida)	
2.	Delaware	3.			
4.	(State or countr 6/13/1996	y under the law of which it is incorporated)			
6.	(Date	of incorporation)	(Date of duration, if other than perpetual)		
7. <u></u>	455 Vema Blvd	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 #6796, Jacksonville, FL 32236 (Principal office	. F.S., to determine penalty lia	bility)	
-		(Current mailing a	ddress, if different)		
8. 1	Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. F Registered Agents Inc.	Box NOT acceptable)	20 001	
Off	ice Address:	7901 4th Street N, Ste 300 St.	_	-5 <u>m</u>	
		Petersburg	. Florida <sup>33702</sup>		
		(City)	(Zip code)	9.02	

## 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.

A. DIRECTORS	<b>;</b>					
□Chairman	Name: Chester King	□ Chairman	Name:			
□Vice Chairman	Address: 5455 Verna Blvd #6796 32236	□Vice Chairman	Address:			
□Director	Jacksonville, FL 32236	Director				
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer			
Other		Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	: ○ .ॠ©Treæurer			
Other	Other	□Other				
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:			
Director		□Director	.~			
□President		□President				
□Vice President	<u> </u>	□Vice President				
Secretary	☐ Treasurer	☐ Secretary	□Treasur <del>er</del>			
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.						
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 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.						

13. Chester King, President

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EAGLERIDGE TECHNOLOGIES, 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 THIRTIETH DAY OF SEPTEMBER, 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 "EAGLERIDGE TECHNOLOGIES, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 203765110

Date: 09-30-20

2633417 8300 SR# 20207566090