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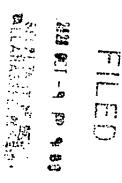
(Requestor's Name)					
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## **COVER LETTER**

TO:	O: Registration Section Division of Corporations						
SHRI	ECT: IIIEight Management, Inc.						
30130	Name of	corporation	- must include suffix	· - · -			
Dear S	ir or Madam:						
"Certif	closed "Application by Foreign Corplete of Existence," or "Certificate of referenced foreign corporation to transfer or the corporation to the cor	f Good Star	iding" and check are submitted to				
Please	return all correspondence concerning	g this matter	to the following:				
Saman	tha Jackson						
		Name of	Person	· · · · · · · · · · · · · · · · · · ·			
Merian	n Corporate Services, Inc.						
		Firm/Con	ipany				
PO Bo	x 52588						
		Addr	288				
Mesa A	AZ 85208						
		City/State a	nd Zip code				
merian	ntinancial@gmail.com						
	E-mail address: (	to be used t	or future annual report notification	1)			
For fur	ther information concerning this mat	ter, please c	all:				
Samantha Jackson		720	318.8456				
	Name of Person	Area Cod	e Daytime Telephone Num	ber			
	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 Corporation P.O. Box 6327 Tallahassee, FL 32314				
Please n	ed is a check for the following amount nake check payable to: FLORIDA DEP 00 Filing Fee	ARTMENT	I \$78.75 Filing Fee & ☐ \$87. Certified Copy Cer	50 Filing Fee. tificate of Status & tified 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.

(If name unavail	able in Florida, enter alternate corporate name		acting business in Florida)	
Texas 3.		82-5251071		
(State or country under the law of which it is incorporated) 04/17/2018		(FEI number, if applicable)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
2301 Lucien Way	(Date first transacted business is (SEE SECTIONS 607.1501 & 607.15) (Ste 100 Maitland FL 32751	602, F.S., to determine penalty li	ability)	
	(Principal offi	ce <u>street</u> address)		
•	(Current mailin	g address, if different)		
	(33.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	g dad control and control	:84	
			<sup>76</sup> 6' <b>5</b> 62	
Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)		
	et address of Florida registered agent: (P.C Kestahn Moore	). Box <u>NOT</u> acceptable)		
Name:		). Box <u>NOT</u> acceptable)		
Name:	Kestahn Moore 2301 Lucien Way Ste 100			
Name: ffice Address:	Kestahn Moore 2301 Lucien Way Ste 100	. Florida 32751 (Zip code)		

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.

(Registered agent's signature)

A. DIRECTORS							
□Chairman	Name: Kestahn Moore	□Chaiπnan	Name:				
□Vice Chairman	Address: 2301 Lucien Way Ste 100	□Vice Chairman	Address:				
■Director	Maitland FL 32751	□Director					
■ President		□President					
□Vice President		□Vice President					
■ Secretary	<b>■</b> 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	Namur		Man,				
	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: The 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							

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 of 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.

, Kestahn Moore, President

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for IIIEight Management, Inc. (file number 802991398), a Domestic For-Profit Corporation, was filed in this office on April 17, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 06, 2020.



Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Relay Services Document: 1000274640002

Phone: (512) 463-5555 Prepared by: SOS-WEB