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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Black Lion Group, Inc			
Name Name	ne of corporation - n	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good Standin	g" and check are subm	Business in Florida," itted to register the
Please return all correspondence conce	=	the following:	
Steven Fulop		ملية الاددي معديد	
	Name of Per	son	
Black Lion Group, Inc			
· .	Firm/Compar	ıy	
4700 Millenia Boulevard STE 175-95112		• •	
	Address	 _	
Orlando, Florida 32839		٠.	•
	City/State and 2	Zip code	,
steveac777@gmail.com			
E-mail addre	ess: (to be used for t	uture annual report no	tification)
For further information concerning this	matter, please call:	•	25
Staven Eulen	973	632-4787	7870 Of 1 13
Steven Fulop	_ at ()		No. No.
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRE	ESS:	MAILING AD	
Registration Section Division of Corporations		Registration Section Division of Corporations	
The Centre of Tallahassee		P.O. Box 6327	
.2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10	Tallahassee, FL	32314
Enclosed is a check for the following ar		COT A TIME	
Please make check payable to: FLORIDA : \$70.00 Filing Fee \$78.75 Fil		8.75 Filing Fee &	☐ \$87.50 Filing Fee,
	•	ertified Copy	Certificate of Status Certified Copy

+ APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $_{\perp}$

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.

(Principal office <u>street</u> address) (Current mailing address, if different)	(State or country	of incorporation)	(i is number, if applicable)
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4700 Millenia Boulevard STE 175-95112. Orlando, Florida 32839 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	LVCONS	of incorporation)	(i is number, if applicable)
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4700 Millenia Boulevard STE 175-95112. Orlando, Florida 32839 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Date	•	(Date of duration, if other than perpetual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4700 Millenia Boulevard STE 175-95112. Orlando, Florida 32839 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Date	•	(Date of durition, if other than perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 700 Millenia Boulevard STE 175-95112. Orlando, Florida 32839 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			
(Principal office <u>street</u> address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		(SEE SECTIONS 607.1501 & 607.1502	forida, if prior to registration) , F.S., to determine penalty liability)
(Principal office <u>street</u> address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	700 Millenia Boi	ilevard STE 175-95112. Orlando, Florida 32839	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		(Principal office	street address)
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			
Steven Fulan		(Current maiting a	iddress, if different)
Steven Fulan	Name and <u>stree</u>	address of Florida registered agent: (P.O. I	Box NOT acceptable)
1700 Adding a Deplayment CTE 175 05112		4700 Millenia Boulevard STE 175-95112.	_
nce Address:	ice Address:		22820
Orlando , Florida 32839 (Zip code)			, Florida(Zin code)
(City) (Zip code)		(City)	(Zip code)
		nt's acceptance:	

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: Steven Fulop	□ Chairman	Name:			
☐ Vice Chairman	Address:	□Vice Chairman	Address:			
	STE 175-95112	□Director				
President	Orlando, Florida 32839	President	_ 			
□Vice President		☐Vice President				
☐ Secretary	□Treasurer	☐ Secretary ·	☐Treasurer			
Other	□Other	□Other	□Other			
			·			
□Chairman ·	Name:	Chairman	Name:			
□Vice Chairman	Address:		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 · · · · · · · · · · · · · · · · · ·		☐Treasurer —:			
Other	□Оther	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.						
14.	Signature of Direc	tor of 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. Steven Fulop, President						

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "BLACK LION GROUP, 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 INCORPORATION, FILED THE SIXTH DAY OF NOVEMBER,

A.D. 2015, AT 6:34 O'CLOCK P.M.

CERTIFICATE OF REVIVAL, CHANGING ITS NAME FROM "BLACK LION GROUP, INC." TO "BLACK LION GROUP, INC", FILED THE TWENTY-FOURTH DAY OF JUNE, A.D. 2020, AT 1:29 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SEVENTEENTH DAY OF JULY,
A.D. 2020, AT 2:06 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "BLACK LION GROUP, INC".

7676 OC 13 Par 6-30

Authentication: 203344343

Date: 07-24-20

5870908 8310 SR# 20206284008

You may verify this certificate online at corp.delaware.gov/authver.shtml