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COVER LETTER

TO:	Registration Solution of Co				
SUBJ	ECT: P.G. Fry	Properties, Inc.			
	<u></u>	Name of	corporation	- must include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existen	tion by Foreign Cor ce," or "Certificate o gn corporation to tra	of Good Stand	Authorization to Transact ding" and check are subness in Florida.	Business in Florida," nitted to register the
Please	return all corres	pondence concernin	g this matter	to the following:	
Jay Ro				· ·	
			Name of I	Person	
Jay Ro	ckey APC		1		
			Firm/Com	pany	
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			Addre	SS	
Calabas	sas, CA 91302				
			City/State ar	nd Zip code	
jay@ja	yrockey.com				
		E-mail address:	(to be used for	or future annual report no	tification)
For fur	ther information	concerning this ma	tter, please ca	all:	
Jay Roo	key	9	at (818) 865-2200		
	Name of Perso	on a	Area Code	Daytime Telepho	one Number
	Registration Sec Division of Co The Centre of	rporations Tallahassee >= Street, Suite 810	:	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
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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.

Paul Fry Prope					
(If name unavai	lable in Florida, enter alternate corporate nam	ne adopted for the purpose of transact	ting business in Florida)		
Missouri		3			
01/02/2015	ry under the law of which it is incorporated)	(FEI number, if			
(Date of incorporation) (Date of duration, if other o			er than perpetual)		
500 Lakeside D	(Date first transacted business (SEE SECTIONS 607.1501 & 607. rive, Margate, FL, 33063	in Florida, if prior to registration) 1502, F.S., to determine penalty liab	ility)		
	(Principal o	ffice street address)			
P.O. Box 1265 N		ling address, if different)			
Name and stre	et address of Florida registered agent: (P Florida Filing & Sc	O. Box NOT acceptable) and Semi Cl S Im	C.		
Name:	CE alla Dia				
Name: ice Address:	155 Office Plaz	<u> </u>	0 44 - 26		
Name: ice Address:	155 Office Plaz Tallahassee (City)	, Florida 32301 (Zip code)) NEW E		
ring been nan	et address of Florida registered agent: (P Florida Filing & Se 155 Office Plaz Tallanassee (City) ent's acceptance: ned as registered agent and to accept ser	vice of process for the above state	ed corporation at the pl		
ving been nan ignated in this ther agree to c	Tallanasee (City) ent's acceptance: ned as registered agent and to accept ser sapplication, I hereby accept the appoint comply with the provisions of all statutes r with and accept the obligations of my p	vice of process for the above state tment as registered agent and ag relative to the proper and compl	ed corporation at the pla ree to act in this canaci		

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: Paul Fry	□ Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman			
□Director		□Director			
President		□ President			
□Vice President		□ Vice President			
Secretary	C] Treasurer	Secretary		□Treasurer	
Other	Other	□Other		□Other	
□ Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President		<u>_</u>	
□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	☐ Treasur er	□Secretary		□Treasurer	
Other	Other	Other		□Other	
Important Notice: U individuals may be	Ise an attachment to report more than six (6). The attached to the index when filing your Florida Department	t of State Annual Rep	l for reporting pur port form.	poses only. Non-indexed	
y w - (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. Paul G. Fry, I	President				

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

P.G. Fry Properties, Inc. 001365219

A Missouri entity was created under the laws of this State on 1/2/2015, and in Good Standing, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 29th day of October, 2020.

Secretary of State

Certification Number: CERT-IN33042

