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COVER LETTER •

TO: Registration Section Division of Corporations				
SUBJECT: Messy Inc.				
SUBJECT:	Name of corporation - I	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Coabove referenced foreign corporate	ertificate of Good Standir	ng" and check are submi		
Please return all correspondence	eoncerning this matter to	the following:		
Molly Beck				
	Name of Pe	rson		
Messy Inc.				
	Firm/Compa	ny	•	
839 Lake Evalyn Drive				
Celebration, MA. 34747	Address			
	City/State and	Zip code		
molly@messy.fm				
E-mai	l address: (to be used for	future annual report not	tification)	
For further information concerni	ng this matter, please call	:		
Molly Beck	978 at (500-3534		
Name of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
2	RIDA DEPARTMENT O 3.75 Filing Fee & S	F STATE 678.75 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.

corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIC	N."
lable in Florida, enter alternate corporate name add	opted for the purpose of transacti	ng business in Florida)
3.		<u></u>
ry under the law of which it is incorporated)	(FEI number, if a	pplicable)
5.		
e of incorporation)	(Date of duration, if other than perpetual)	
19		
		lity)
Drive, Celebration, Florida 34747		
(Principal office	street address)	
(Current mailing	address, if different)	
ret address of Florida registered agent: (P.O. Molly Beck	Box <u>NOT</u> acceptable)	FIL RECENSED 28
839 Lake Evalyn Drive		10000000000000000000000000000000000000
Celebration	, Florida	
(City)	(Zip code)	
s application, I hereby accept the appointme comply with the provisions of all statutes rela	nt as registered agent and ag ative to the proper and compl	ree to act in this capacity.
	lable in Florida, enter alternate corporate name address of Florida registered agent: (P.O. Molly Beck 839 Lake Evalyn Drive Celebration (City) Gent's acceptance: Gent's acceptance:	3.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS Molly Beck Name: _____ □ Chairman Chairman Name: 839 Lake Evalyn Drive ☐ Vice Chairman Address: ☐ Vice Chairman Address: Celebration, Florida 34747 □ Director □ Director □ President □President ☐ Vice President ☐ Vice President □ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other ____ Other _____ Name: _____ Name: _____ □ Chairman ☐ Chairman ☐ Vice Chairman Address: □ Vice Chairman Address: _ _ _ ____ Director □Director □ President President ☐ Vice President □Vice President ____ ☐ Treasurer ☐ Treasurer □ Secretary □ Secretary Other _____ ☐ Other _____ ☐Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: □Vice Chairman Address: □Vice Chairman Address: ______ Director Director □ President □President □ Vice President _ ☐ Vice President □Treasurer ☐Treasurer ☐ Secretary □ Secretary □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. Molly Beck

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MESSY 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 FIFTEENTH DAY OF JUNE, 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 "MESSY INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MAY, A.D. 2018.

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



Authentication: 203107799

Date: 06-15-20

6908765 8300 SR# 20205691730