Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000409405 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES,

Account Number : 120160000017

Phone

: (853)498-5500

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FOREIGN PROFIT/NONPROFIT CORPORATION REWARDSTYLE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Help

COVER LETTER

TO:	Registration Section Division of Corporate					
SUBJ	ECT: rewardStyle	e, Inc.				
5020		Name of o	corporation -	must include suffix		
Dear S	Sir or Madam:					
"Certi		" or "Certificate of	Good Stand	uthorization to Transacing" and check are subs s in Florida.		ister the
Please	return all correspon	ndence concerning	this matter t	o the following:	:	2
	Chapman	_			•	7823 NOV
			Name of P	erson	• • •	
reward	Style, Inc.					PM 4: 47
		-	Firm/Comp	pany		Ė.
3102 (Dak Lawn Ave #900		•	·		. 5
			Addres			
Dallas	, TX 75219					
		(City/State and	d Zip code		
legal@	rewardStyle.com		•	-		
		E-mail address: (t	to be used fo	r future annual report n	otification)	
For fu	rther information co	oncerning this matt	er, please ca	11:		
Travis	Chapman	at	(214	801-4543		
-	Name of Person		Area Code	Daytime Telep	hone Numbe	er
	STREET/COUR Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Ilahassee Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7	
Please	sed is a check for the make check payable 0.00 Filing Fee	ne following amounto: FLORIDA DEP. \$78.75 Filing Fortificate of S	ARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	Certif) Filing Fee, icate of Status & ied 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.

(State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Capitol Corporate Services, Inc. 515 E Park Ave Floor 2 Tallahassee (City) (Ci				
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Capitol Corporate Services, Inc. 515 E Park Ave Floor 2 Tallahassee (City) (City) (City) (City) (City) Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at a signated in this application, I hereby accept the appointment as registered agent and agree to act in this cuther agree to comply with the provisions of all statutes relative to the proper and complete performance of d I am familiar with and accept the obligations of my position as registered agent.	(If name unavails	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting bu	siness in Florida)
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name: (Current mailing address, if different) Name: (Capitol Corporate Services, Inc. (City) (City) (City) (City) (City) (City) (Cip code) Registered agent's acceptance: 1				
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3102 Oak Lawn Ave #900, Dallas, TX 75219 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. 515 E Park Ave Floor 2 Tallahassec , Florida (City) (City) Registered agent's acceptance: acceptance are named as registered agent and to accept service of process for the above stated corporation at a signated in this application, I hereby accept the appointment as registered agent and agree to act in this corporate of the proper and complete performance of I am familiar with and accept the obligations of my position as registered agent.	6/10/2015	5.		
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// / / / Kim Tadlock, Asst. Sec. on behalf		Capitol Corporate Services, Inc. 515 E Park Ave Floor 2 Tallahassee		4.47
Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.	Name: ffice Address: Registered agaving been namesignated in this	Capitol Corporate Services, Inc. 515 E Park Ave Floor 2 Tallahassee (City) ent's acceptance: end as registered agent and to accept service application, I hereby accept the appoint to omply with the provisions of all statutes rewith and accept the obligations of my positive with and accept the obligations of my positive controls.	The state of process for the above stated connect as registered agent and agree to elative to the proper and complete pesition as registered agent.	rporation at the act in this capa erformance of m

^{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: Baxter Box	Chainnan	Name: Brittany DeGan	
□Vice Chairman	Address: 3102 Oak Lawn Ave #900	□Vice Chairman	Address: 3102 Oak Lawn Ave #900 Dallas, TX 75219	
Director	Dallas, TX 75219			
President		□President		
□Vìœ President		□Vice President		
☐ Secretary	☐ Treasurer	Secretary	☐Trensurer	
■Other CEO	□ Other	■Other	Counsel DOther	
□ Chairman	Amber Box	CiChairman	Nume:	
-	Address: 3102 Oak Lawn Ave #900		Address: 25	
□Vice Chairman □Director	Address: Dallas, TX 75219	□ Vice Chairman	Address:	
■ President			320	
			. 2	
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer	
□0ther	./ ClOther	□Other	©Other	
□ Chairman	Name:	□ Chairman	Næne:	
	Address: 3102 Oak Lawn Ave #900		Address:	
, 🖸 Director	Dallas, TX 75219	Director		
☐President		□President		
□Vice President		□Vice President	· · · · · · · · · · · · · · · · · · ·	
□Secretary	- Treasurer	Secretary	□Treasurer	
CFO CFO		Other	Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The a e added to the index when filing your Florida Depart	itachment will be image ment of State Annual R or or Officer	eport form.	
	Signature of Director	or of Officer	· · · · · · · · · · · · · · · · · · ·	
she is aware that fi s.217.155, F.S.	ector signing this document (and who is fisted in numinalse information submitted in a document to the Dep	artment of State coastitu	nat the facts stated herein are true and that he outes a third degree felony as provided for in	
13. Brittany De	Gan, General Counsel and Corporate Secreti			
	(Typed or printed name and capacity of po	anou riguing application	1)	

<u>, 45, 23, .</u>

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REWARDSTYLE, 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 NOVEMBER, 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 "REWARDSTYLE, INC." WAS INCORPORATED ON THE SEVENTH DAY OF APRIL, A.D. 2015

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

5724553 8300 SR# 20208514070

Authentication: 204185116

Date: 11-30-20

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