Note: Please print this page and use it as a cover sheet. Type the fax audit number 12/22/20: (shown below) on the top and bettom of all answers of the fax audit number 12/22/20: (shown below) on the top and bottom of all pages of the document.

(((H20000437071 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION BETTER CHOICE COMPANY INC.

Certificate of Status	0
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December 23, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: BETTER CHOICE COMPANY INC.

REF: W20000145782

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H20000437071

Regulatory Specialist II Supervisor Letter Number: 020A00026029

Registration Section

DocuSign Envelope ID: 85567481-386C-4188-870D-578849FFED97

COVER LETTER

TO: Registration Division of	r Section Corporations			
SURIFCT: Better	r Choice Company Inc.			
SUBARCAT	Name of cor	poration - m	ust include suffix	
Dear Sir or Madam:	:			
"Certificate of Exist	lication by Foreign Corpora tence," or "Certificate of Go reign corporation to transac	ood Standing	g" and check are subm	Business in Florida," itted to register the
Please return all cor	respondence concerning th	is matter to t	he following:	
Agatha Rysinski				
		Same of Pers	on	
Meister Seelig & Feir	n LLP			
	I.	irm/Compan	y	
125 Park Avenue, 7th	ı Floor			
		Address		
New York, NY 1001	7			
	Cit	v/State and 2	Lip code	
adı@msf-law.com		······································		d'Allertion)
	E-mail address: (to	be used for t	uture annual report no	MHICATION)
For further informa	tion concerning this matter.	. please call:		
Agatha Rysinski	at (646)	755-3172 Daytime Teleph	
Name of P	'crson	\rea Code	Daytime Teleph	one Number
Registratio Division of The Centre 2415 N. M	COURIER ADDRESS: In Section If Corporations If of Tallahassect Ionroe Street, Suite 810 In FL 32303		MAILING Af Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check please make check particles \$70.00 Filing Fo	k for the following amount: ayable to: FLORIDA DEPAI ee S78.75 Filing Fee Certificate of Sta	c& □ S	FSTATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

DocuSign Envelope ID: BE567481-386C-4138-679D-578849FFED87

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.

Better Choice Co			
(Enter name of co	orporation, must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
	ible in Florida, enter alternate corporate name ac		
2. Delaware	y under the law of which it is incorporated) 3.8	3-4284557	
(State or country	y under the law of which it is incorporated)	(FEI number, it applicab	le)
4. 1/4/2019	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other than pe	erpetual)
6. May 6, 2019)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)	
7 164 Douglas Road	d E., Oldsmar, Florida 34677		
·	(Principal offic	e <u>street</u> address)	
			<u> </u>
	(Current mailing	address, if different)	DEC T
	(DC)	Day NOT recentable)	DEC 22 PH
8. Name and stree	et address of Florida registered agent: (P.O.	Dox Acor acceptance	PA IT
Name:	Sharla Cook	<u> </u>	
Office Address:	164 Douglas Road E.		TLTU TAKSSEE FLORIDA
	Oldsmai	Florida 34677	¥1.
	Oldsmai (City)	(Zip code)	
0 Pagistared as	ent's acceptance:		
Umina baan nan	and as empirizared agent and to accept service	e of process for the above stated corp	noration at the place
designated in this	application, I hereby accept the appointments with the provisions of all statutes re	ent as registered agent and agree to d lative to the proper and complete per	get in this capacity. The formance of my duties.
and I am familia	r with and accept the obligations of my pos	ition as registered agent.	
	CE Train a large o		
	(Registered agent's sig	gnature)	
		and more than 90 days prior to deliver	a of this application to

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.

OccuSign Envelope ID: BE567481 386C-4139-8700-578849FFED87

A. DIRECTORS			
Chairman	Name:	Chairman	Name: Michael Close
□Vice Chairman	Address:	□Vice Chairman	Address
Director	Oldsmar, Florida 34677	■ Director	Oldsmar, Florida 34677
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	Secretary	[] Trensurer
□Other	Other	□Other	Other
☐Chanman ☐Vice Chairman ☐Director	Name. Damian Dalla-Longa Name. 164 Douglas Road E . Address: Oldsmar, Florida 34677	□Chairman □Vice Chairman ■Director	Name Jeff D. Davis Name 164 Douglas Road E , Address: Oldsmar, Florida 34677
□President		□President	THE
₩Vice President		∷Vice President	
□ Secretary	() Treasurer	□ Secretary	(Treashirt 12)
Other		[]Other	Other C. C.
□Chairman □Vice Chairman ■Director	Clinton Gee Name: 164 Douglas Road E , Address. Oldsmar, Florida 34677	□Chairman □Vice Chairman ■Dnector	Name. Lori Taylor 2
[]President		□President	
∐Vice President		⊕Vice President	
Secretary	[]] Treasurer	□ Ѕесгеилу	[]Trengurer
Other	□Other	Other	[]Other
individuals may b	Use an attachment to report more than six (6). The e added to the index who become a Damian Dalla-long Damian Dalla-long signature or Direct ctor signing this document (and who is listed in nuralse information submitted in a document to the De Damian Dalla-Longa	ent of State Annual R tor or Officer mber 11 above) affirms 3	hat the facts stated herein are true and that he or

(Typed or printed name and capacity of person signing application)

DocuSign Envelage (D): 8E567481-386C-4189-6700-578849FFED87

APPLICATION BY BETTER CHOICE COMPANY INC. FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Section 11(A). -- Continued

Title: Director

Name: John M. Word III

Address: 164 Douglas Road E., Oldsmar, Florida 34677



Page 1

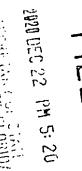


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BETTER CHOICE COMPANY INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, 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 "BETTER CHOICE COMPANY INC." WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2019.

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





7223705 8300

5R# 20208705134

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

Authentication: 204369488

Date: 12-18-20