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COVER LETTER

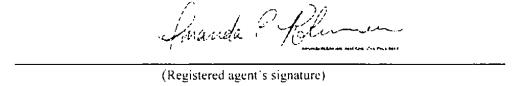
~	tration Section ion of Corporations			
SUBJECT:	Modernmeal Inc.			
Sobolic 1.	Name	of corporation - n	nust include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Standin	g" and check are submit	
Please return a	all correspondence concerni	ing this matter to	the following:	
Mark Hudgins				
		Name of Per	son	
Modernmeal li	IC.			
		Firm/Compar	ny	
3205 S. Washi	ngton Ave Unit 603B			
		Address	•	
Titusville, Fl 3	2780			
	-	City/State and 2	Zip code	
jmarkhudgins@	gmail.com			
	E-mail address	s: (to be used for t	uture annual report noti	fication)
For further int	formation concerning this m	natter, please call:		
Mark Hudgins		at ()	407 687-4616	
Name	e of Person	Area Code	Daytime Telephor	ne Number
Regis Divisi The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
	check for the following amore ck payable to: FLORIDA DI ng Fee \$78.75 Filin Certificate of	EPARTMENT OF g Fee & □ \$7	_	☐ \$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.

	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY." "CORPORATION	· ·
Modernmeal Te	echnology Inc.		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)
Delaware	3 4	7-2545364	
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	olicable)
11/26/2014	5. ^p	erpetual	
(Date of incorporation)		(Date of duration, if other than perpetual)	
	A 1 1 19 30001	P. F.S., to determine penalty liability	•
450 S. Orange A	ve. Orlando, FL 32801 (Principal office		
	(Principal office	street address) address, if different)	
Name and stree	(Principal office	street address) address, if different)	2021 JAN 1 1
Name and stree	(Principal office) (Current mailing) et address of Florida registered agent: (P.O.	street address) address, if different)	2021 JAN 1 1
Name and stree	(Principal office (Current mailing et address of Florida registered agent: (P.O. Corporation Service Company	street address) address, if different)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.



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 Mark Hudgins Name: Mark Crandall Name: □ Chairman □ Chairman 3205 S. Washington Ave. 513 Rachn St ☐ Vice Chairman □ Vice Chairman Address: Address: Unit 603B Orlando, Fl 32806 □Director □ Director Titusville, Fl 32780 President □President □ Vice President ☐ Vice President □ Secretary □Treasurer **■**Secretary ☐Treasurer □Other ____ □Other ____ ☐Other _____ □Other Name: Mark Crandall Name: ____ □ Chairman ☐ Chairman 513 Rachn St Address: □Vice Chairman Address: ______ ■ Vice Chairman Orlando, FL 32806 Director □ Director □President □President □Vice President _____ ☐ Vice President ☐ Treasurer □ Secretary □ Secretary **■** Treasurer ☐ Other _____ □Other _____ □Other _____ □Other . □ Chairman Name: □ Chairman Name: _____ □ Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □ Director □President □President □ Vice President ☐ Vice President □Treasurer □ Secretary □ Treasurer ☐ Secretary □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 five inflex when filling 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 felow as provided for in s.817.155, F.S.

MAZK 1-1



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

DELAWARE, DO HEREBY CERTIFY "MODERNMEAL, 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 ELEVENTH DAY OF JANUARY, A.D. 2021.

at core delaware convenient

Authentication: 202255836

Date: 01-11-21