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COVER LETTER

Division of Corporations	
SUBJECT: Qeepsake, Inc. Name of corporation - m	ust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	" and check are submitted to register the
Please return all correspondence concerning this matter to the	he following:
Lynne Goodwin	
Name of Pers	on
Qeepsake, Inc.	
Firm/Compan	y
321 Walnut St. #420	
Address	
Newtonville, MA 02460	
City/State and 2	ip code
lunna@gagnraka.com	
lynne@qeepsake.com E-mail address: (to be used for for	uture annual report notification)
For further information concerning this matter, please call:	
	775-7341
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	STATE 8.75 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.

Qeepsake, Inc	<u></u>		
(Enter name of cor	poration; must include "INCORPORATED p," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATIO	Ν,"
me., co., co.	of the control only		
Qeepsake Cor	poration	<u> </u>	
(If name unavailab	le in Florida, enter alternate corporate name	e adopted for the purpose of transaction	ng business in Florida)
Delaware	under the law of which it is incorporated)	J	
(State or country	under the law of which it is incorporated)	(FEI number, if a	pplicable)
03/25/2015	5	(Date of duration, if other	
(Date o	f incorporation)	(Date of duration, it other	r than perpetual)
1/25/2121	(1)	in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.	.1502, F.S., to determine penalty liabi	lity)
070 6	a Aug Auburndala MA 02466		
. 270 Auburndai	e Ave, Auburndale, MA 02466 (Principal o	ffice street address)	<u></u>
224 Molecut Ct	#420, Newtonville, MA 02460		
321 yyainut St.	(Current mail	ling address, if different)	
			→
Name and street	address of Florida registered agent: (P	'.O. Box NOT acceptable)	Bi e
Name:	Danya Shea Glenny		1 00
			} :
Office Address:	260 Spring Run Circle		
		, Florida <u>32779</u>	· ~
	(City)	(Zip code)	• 1
. Registered agei	it's acceptance:		
laving been name	d as registered agent and to accept ser application, I hereby accept the appoin	vice of process for the above state nument as registered agent and ag	ed corporation at the plac vree to act in this capacity.
esignatea in inis d urther agree to co	ipplication, I nevery accept the appoin mply with the provisions of all statute:	s relative to the proper and compl	lete performance of my du
nd I am familiar	with and accept the obligations of my	position as registered agent.	
	a a		
	Shea Glenny		
-	(Registered agent's	s signature)	
			daliman of this application
(0). Attached is a c	ertificate of existence duly authenticate	ed, not more than 90 days prior to	denvery of this applicatio

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

A. DIRECTORS Name: Charles D. Street Name: Jeffrey S. McNeil □Chairman □Chairman Address: 3634 7th Avenue, Unit 12E □Vice Chairman □Vice Chairman Address: <u>270 Auburndale Ave</u>, San Diego, CA 92103 Auburndale, MA 02466 □ Director □ Director 2 President ☐ President Jeffrey S. McNeil ☐Vice President □ Vice President Treasurer Treasurer □ Secretary ☐ Secretary □Other _____ □Other _____ Other ____ □Other _____ Name: ______ Name: □ Chairman Chairman □Vice Chairman Address: □Vice Chairman Address: _____ ☐ Director Director □ President □ President ☐Vice President □ Vice President ☐Treasurer □ Secretary ☐ Treasurer □Secretary □Other _____ ☐Other ______ □Other ____ □Other ______ Name: ______ Name: □ Chairman □ Chairman □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 the index when filing your Florida Department of State Annual Report form. Jeffrey S. McMil 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.

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

13. ____ Jeffrey S. McNeil, President & CEO

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "QEEPSAKE, 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 TWENTY-FIRST DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QEEPSAKE, INC."

WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2015.

e at coro delaware gov/au

Authentication: 202342252

Date: 01-21-21