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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
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SECRETARY OF STAT

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/26/2021

PRIORITY Regular Approval

OUR REF_# (Order_ID#) 903571

ORDER ENTITY_ SN AMERICA INC.

PLEASE PERFORM THE FOLLOWING S	EDVICES:	
LEFTSE LEW OWN THE LOCKOMMINGS	ILIVATORO.	_
SN AMERICA INC. (FL)		

File the attached foreign qualification document

NOTES: \$70.00 Authorized

Email address for annual report reminders: (lbuis@spinationwide.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, March 26, 2021 Page 1 of 1

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.

(If name unavai	able in Florida, enter alternate corporate name ad	inpted for the purpose of transacting business in Florida)
Delaware	3 8	6-2814692
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
3/12/2021	5	
(Date	e of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	
3705 W Pico Blv		2. Then to determine politically indexity y
<u></u> -	rd #2544, Los Angeles, CA 90019 (Principal office	street address)
	` '	
	(Current mailing	address, if different)
		321 r
Name and stre	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)
Name:	Universal Registered Agents. Inc.	26 HH
	1317 California Street	Box NOT acceptable) SECRETARY OF STATE ST
fice Address:		— EE'S
	Tallahassee	Florida
	(City)	(Zip code)

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 Simon Bridger John Edwards □ Chairman □ Chairman Name: Name: Ground Floor Ground Floor ☐ Vice Chairman Address: ☐ Vice Chairman Address: Egerton House Egerton House Director Director 68 Baker Street 68 Baker Street President □President Weybridge, Surrey, KT13 8AL Weybridge, Surrey, KT13 8AL ☐ Vice President ■ Vice President Secretary ☐ Treasurer □ Secretary ■ Treasurer □Other _____ □Other _____ □Other _____ □Chairman Name: □Chairman □Vice Chairman Address: ______ ☐ Vice Chairman Address: □ Director □ Director □President □ President □Vice President _____ □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other ____ □Other □Chairman Name: _____ □ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □ Director □ President □President □ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary Treasurer □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

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 of 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.

Simon Bridger / President



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

DELAWARE, DO HEREBY CERTIFY "SN AMERICA 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-FIFTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SN AMERICA INC."

WAS INCORPORATED ON THE TWELFTH DAY OF MARCH, A.D. 2021.

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



Authentication: 202819794

Date: 03-25-21